

**UNIVERSITY OF RHODE ISLAND**

**RF-1**

**REQUEST TO FILL POSITION**

Only for positions partially or fully on Fund 100, 101, 102, 103, 104, 105, 106, 125 & SPA110

Dean/Director: email the completed form to [budget\\_RF1@etal.uri.edu](mailto:budget_RF1@etal.uri.edu)

Department: \_\_\_\_\_ **STATE** Position No.: \_\_\_\_\_

Position Title: \_\_\_\_\_ Classified: \_\_\_\_\_ Non-Classified: \_\_\_\_\_

Is this position permanent? Yes \_\_\_\_\_ No \_\_\_\_\_ Academic Year \_\_\_\_\_ Calendar Year: \_\_\_\_\_

Position posting should reflect limitation date of \_\_\_\_\_

Replacing: \_\_\_\_\_  
(Employee Name)

Reason for vacancy: \_\_\_\_\_ Resignation/Retirement \_\_\_\_\_ Transfer \_\_\_\_\_ Promotion

\_\_\_\_\_ Leave \_\_\_\_\_ Other \_\_\_\_\_  
(Reason) (Explanation)

Dean/Director's signature (email from requesting office is acceptable in lieu of signature) authorizes the filling of the position, certifies the position FTE and that funding exists in the existing budget, and indicates that it is the Dean/Director's responsibility to fully fund this position in the next fiscal year(s) regardless of the level of funding required for the position in the current fiscal year.

\_\_\_\_\_  
Dean/Director (Digital Signature)

\_\_\_\_\_  
Financial Strategy and Planning (Digital Signature) \_\_\_\_\_ Initials

\_\_\_\_\_  
Division Head (N/A for Academic Affairs) (Digital Signature)

\_\_\_\_\_  
Human Resources (Digital Signature)