Submitted by:_____
Phone No._____

Return form to Jim Bolton (3-2995)
167A Bascom Hall

UNIVERSITY OF WISCONSIN-MADISON
REQUEST FOR PROGRAM AND SEGREGATED REVENUE POSITIONS

UDDS	Fund-Activity Account	Title	Numeric Title Code	Classified or Unclassified	Project or Permanent	Pay Basis	Full-time Base Rate	FTE

School/College:_____

APPROVALS:

_____ _____
Department Chair Date Dean/Director Date

****Please Note: This completed request form must be accompanied by a narrative which provides a brief justification for each position requested. The justification(s) should identify the need which you wish to address and should demonstrate that careful consideration has been given to your division's current position vacancy rate and that which has existed over the past several months.****