Georgia State University
Request for Approval to Fill Critical Personnel Vacancy

1. Division/College _____
2. Department/Unit Name _____
3. Position Title _____
4. No. of hires requested for position title _____
5. Total Salary & Benefits (Annually) _____
6. Fund Sources: % State Funds _____ % Federal or Other Funds _____
7. Cost of total Current Vacant Positions for the Department/Unit _____
8. Estimated Hiring Date _____
9. Replacement Position _____ New Position _____
10. Contact Person/Phone Number for Additional Information

    _____

11. **Justification Statement:**
    Critical impacts associated with a hiring delay, ie. (program and potential loss of federal/other funding.)
    Time sensitivity of need
    Number of positions currently doing the same job in same unit/department

Initiator: _____ Date: _____

Dept/Unit Head: _____ Date: _____

Dean/VP: _____ Date: _____