

Questrom School of Business
POSITION REQUEST FORM

Note: All sections of this form must be completed. Incomplete forms will be returned.

WORK ASSIGNMENT

New Appointment Reappointment

Department _____ start date: _____ end date: _____
Employment Duration

Job Title: _____ Hourly Rate (if applicable) _____

Job Description:

Justification for Employment:

FUNDING

Budget Worksheet:

\$ _____ : Total Salary
 (if hourly: rate X hours per week X # of weeks)
 + \$ _____ : Fringe Benefits*: _____ % of total salary
 : F&A Cost***: 65 % of total salary
 + \$ _____ (only if grant funded)
 _____ : Total Budget

Funding:

Account Name: _____
 Funding Received: Yes No
 If yes, BU Account Number: _____
 Does account fund 100% of salary?
 Yes No
 If no, list other account(s): _____

***Fringe Benefit Rates Based on Funding Source:**

University Funded:
 Salaried: 26.0%
 Hourly: 23.6%

Sponsored Program Funding:

Federal and Federal Pass Through Awards:
 Salaried: 24.7%
 Hourly: 22.2%
 Non Federal Awards:
 Salaried: 26.6%
 Hourly: 24.1%

****F&A Cost (only if grant funded):**

Facilities and Administrative costs (F&A) are costs not readily identifiable with individual projects. F&A is designed to partially reimburse the University for the costs of using its facilities and administrative structure in carrying out research.

POSITION MUST BE APPROVED 90 DAYS PRIOR TO HIRE DATE

NO OFFER CAN BE MADE UNTIL REQUEST IS APPROVED BY DEAN'S OFFICE

AUTHORIZATION

Direct Supervisor's Name (printed) _____ Direct Supervisor's Signature _____ Date _____

Department Authorization Signature _____

(for internal use only)

DEAN'S OFFICE APPROVAL: _____ DATE RECEIVED: _____
 DATE APPROVED: _____