

BUDGET FORM

AUTHORIZATION FOR COMMITMENT TO A REGULAR STAFF POSITION
GOVERNED BY THE UNIVERSITY OPERATING BUDGET POLICY
(BUDGETING SERVICES)

BUDGET UNIT:

BUDGET UNIT MANAGER:

ENVELOPE:

ENVELOPE MANAGER:

STAFF POSITION

Position Title:

Position Number (if known):

Without end date

Contract: duration: _____ months

Estimated annual/contract salary: \$

Estimated annual/contract cost of F/B: \$

Total annual/contract compensation cost: \$

FUNDING, BUDGET AND PLANNING INFORMATION

(to be provided by Budget Unit Manager, or delegate)

1. The **total** regular staff complement proposed by this unit in its most recent budget plan was: _____ FTE.
2. *Either:*
 - This is a re-appointment to an existing position, which has not been changed.
The former incumbent of this position was: _____
 - or: Planning for this proposed position is documented in the Unit's most recent Budget Proposal.
Reference: _____
 - or: The need for this position arises from changed circumstances as detailed below.
 - or: This is a renewal/extension of an existing contract position held by: _____ . The need for this renewal/extension arises from changed circumstances, as detailed below.

3. *Complete and initial the appropriate statement:*

Continuing operating base or current fiscal-year funding currently exists to support the total cost of the appointment.
Salary costs will be charged to account (10 digits): _____

Continuing operating base or current fiscal-year funding does **not** exist to support the total cost of the appointment.
It will be funded as follows: _____

Salary costs will be charged to account (10 digits): _____

CERTIFICATION AND APPROVAL

1. BUDGET UNIT AUTHORITY (or delegate with written authority):

- I certify:
- that in my judgement, the staffing need is best met by this regular appointment, and that the documentation overleaf, or attached, is complete and correct;
 - that the total compensation costs of this position will be met as indicated above;
 - that I or my delegate will discuss any required budget adjustments with Budgeting Services.

_____ Date: _____

2. ENVELOPE MANAGER:

I approve the plan of the Budget Unit Manager, which has been documented to my satisfaction.

The current envelope position, including this commitment, **projected to next April 30th** at:(date) _____ is: \$ _____ surplus/(deficit)*

_____ Date: _____

3. SENIOR OFFICER:

In accordance with the University's Budget Policy, a form giving approval to a STAFF appointment MUST BE APPROVED by the appropriate Senior Officer if a DEFICIT is projected.

_____ Date: _____

4. UNIVERSITY BUDGETING MANAGER

I have noted the information contained in this document.

_____ Date: _____

Return to Originator, or forward to Human Resources †

ORIGINATOR

This form has been originated by: Name:

Campus address:

ext.:

e-mail:

to whom any enquiries should be referred.

THIS FORM MUST BE ATTACHED TO THE RECRUIT & POSITION FORM COMPLETE WITH ALL APPROPRIATE APPROVALS AND FORWARDED TO HUMAN RESOURCES TO BEGIN THE STAFFING PROCESS

† **NOTE:** If the Recruit & Position form is attached (completed) the University Budgeting Manager will forward the appropriate forms directly to the Human Resources Department.