BUDGET FORM

AUTHORIZATION FOR COMMITMENT TO A REGULAR RESEARCH POSITION
GOVERNED BY THE UNIVERSITY BUDGET CONTROL POLICY - RESEARCH ACCOUNTS

RESEARCH 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 INFORMATION
(to be provided by Grantee, or delegate)

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

CERTIFICATION AND APPROVAL

1. GRANTEE (or delegate with written authority):

I certify:
- that in my judgement, the staffing need is best met by this regular appointment, and will not cause a deficit to be incurred;
- 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 the Office of Research Services/Faculty of Health Sciences Research Finance Office.

_____ Date: _____

2. CHAIR (or delegate with written authority):

I approve this commitment for salaried personnel and certify that the grantee has not overcommitted available funds*.
(*) In accordance with the Budget Control Policy - Research Accounts, a repayment plan must be approved if a deficit is projected.

_____ Date: _____

3. RESEARCH AUTHORIZATION

_____ Date: _____

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 AND POSITION FORM AND FORWARDED TO THE OFFICE OF RESEARCH SERVICES/FACULTY OF HEALTH SCIENCES RESEARCH FINANCE OFFICE TO BEGIN THE STAFFING PROCESS