

**UVa HEALTH SYSTEM  
AUTHORIZATION TO RECRUIT/HIRE**

NEW \_\_\_\_\_ REPLACEMENT \_\_\_\_\_ IN HSF BUDGET \_\_\_\_\_ NOT IN HSF BUDGET \_\_\_\_\_

CLASSIFIED \_\_\_\_\_ FACULTY \_\_\_\_\_ WAGE \_\_\_\_\_ TEMP \_\_\_\_\_ JVA NUMBER \_\_\_\_\_

1. Position Number	2. Department
3. Position Title	4. Salary Source(s) Account Code (s) <span style="float: right;"><b>% of FTE</b></span>

5. Name of Last Incumbent:	6. Last Day Worked:
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7. Brief Description of position's duties:

8. Explain why filling this position is necessary. (For Faculty positions specify how funds to cover the salary, fringe benefits, and expenses are to be generated?)

9. What non-hiring alternatives have been examined?

10. How will the Unit's Mission be affected should this position remain vacant?

Recommended By:

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Signature of Department/Division Head Date

Approved by:

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Signature of Dean Date

*A copy of this **approved** form should accompany the Request for Workforce Planning & Staffing Services form for classified and wage employees only.*