

# 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)\*  
*(\* In accordance with the University's Budget Policy, a form giving approval to a contractual STAFF appointment may be referred by Budgeting Services to the appropriate Senior Officer if a deficit is projected.*

Date: \_\_\_\_\_

## 3. 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.