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.