



**APPLICATION FORM
REGULAR POSITION REQUEST**

This form requires completion for authorization to recruit staff for a regular position.
This is applicable to a replacement and/or a new requirement.

Date of Request _____

Position Title _____

Affiliation _____

Full-time or Part-time _____

Start Date _____

Department _____

Cost Centre Number _____

New or Replacement Position? _____
(Please state who is being replaced)

Function of Position _____

Source(s) of Funding _____

Consequence of not filling the position _____

Alternative method of delivering the service _____

Alignment with Institutional Priorities _____

Other considerations or comments _____

Signature of Dean/Director/Principal _____ **Date** _____

Signature of Director of Finance _____ **Date** _____

Approval by appropriate Vice President _____ **Date** _____