Budget Request for Permanent Funds

The submission of this form and approvals at all levels must be completed before any commitments requiring base budget funding are considered.

I. Request for Additional Base Budget Funds

* Please provide supporting documentation.

<table>
<thead>
<tr>
<th>Department Name</th>
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<tbody>
<tr>
<td>Organization #</td>
<td></td>
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<tr>
<td>Amount Requested (If salary, need to include benefits)</td>
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</tbody>
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Explain the following (use additional pages if necessary):

a. What is the purpose of the funding?
b. Why this funding cannot be provided within the department, either by using uncommitted funds or by a re-prioritization within the department
c. Please indicate how this request relates to the mission of the University, strategic plan, and to the priorities and strategy of the department.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Department Head/Director Signature __________________________ Date ______

II. Approval to Request Funding from Sources Outside of College/VP Area

| College/VP Area Total Permanent Base Budget |                                        |
| Change in Carryover of Base Funds |                                        |
| Total Base Budget Funding on Vacant Positions Not in Active Searches |                                        |

Explain the following:

a. Why this funding cannot be provided within the college/area, either by using uncommitted funds or by a re-prioritization within the college/area and
b. Please indicate how this request relates to the mission of the University, strategic plan, and to the priorities and strategy of the college/area.

________________________________________________________________________
________________________________________________________________________

Dean/VP Signature __________________________ Date ______

III. Provost Office Review (Academic Areas Only)

Comments

________________________________________________________________________
________________________________________________________________________

Signature __________________________ Date ______

IV. Budget Office Review

Comments

________________________________________________________________________
________________________________________________________________________

Signature __________________________ Date ______

V. University Administration Approval of Additional Needs

Executive VP Signature __________________________ Date ______

Note: If approved, the EVP will forward to Budget Services for permanent allocation contingent on availability and prioritization.