

**CBO Approval
Funding Information
Basic Sciences - School of Medicine**

FACULTY NAME:

Home Department:

Home Department Number:

Position Title (current):

Job Code (current):

Position Number:

Proposed Position Title & Incumbent's Name (reclass only):

Appointment / Re-appointment / Promotion

Current Salary

Proposed Salary

Appointment Period:

I agree that this action is essential for business needs and have confirmed that funds are available to fully support the position for at least 1 year (s) from:

Grant/Restricted funds	%
Dean's Allocation	%
Departmental APS Commitment to:	%
Other Institutional Funds	%
Non-Departmental Grants/Contracts	%
Total Funding	0.00 %

If funding includes support from other operating units, I have documented authorization for those center numbers from the appropriate business officer. Yes/No/Not applicable

Signature, Chief Business Officer for Department

Date

Printed/Typed Name, Chief Business Officer

Department/Center/Institute Name

Comments/Justifications: