

IFR #

(Finance Office Only)

Graziadio School of Business and Management Incremental Funding Request Form

NEW POSITION



Requester Name

Signature Level *(Finance Office Only)*

Fiscal Year

Department ID

Department Name

Salary

Non-Salary*

Equip. Allowance

Burden

Total Request

(Finance Office Only)

(Finance Office Only)

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**Other non-salary forms of compensation (i.e. relocation allowance, tuition assistance, etc.)*

Title of Proposed Position

Identify the Position Type

If temporary, please provide expected start and end dates.

Start Date:

End Date:

Short Description (300 Characters Max)

Strategic Rationale:

Why are you pursuing this action?

Please substantiate the requested amount.

SUPPLEMENTAL QUESTIONS

Office Space

Please indicate a preferred campus location for this position:

Considerations (Finance Office Only)

Campus Location:

Cellphone Allowance

Will you be requesting a cellphone allowance for this position?