



**BROWARD COLLEGE**  
**BUDGET: FULL TIME POSITION REQUEST**  
**Modifications / New Position**  
 Administrative, Faculty, Professional/Technical

\*Broward College \* Finance Office \* 225 East Las Olas Blvd \* Fort Lauderdale, FL 33301 \*954-201-7435

Modification to Existing Position

**Modify Existing Position**

Position #: \_\_\_\_\_ Proposed Effective Date: \_\_\_\_\_

Incumbent Name: \_\_\_\_\_

Budget Cost Center Number Change

Old #: \_\_\_\_\_

New #: \_\_\_\_\_

Budget Dollar Value Change

Old salary + fringe \$ \_\_\_\_\_

New salary + fringe \$ \_\_\_\_\_

Job Title / Pay Grade / Weekly Hours

Current: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

New: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

New Position Request

**Create New Position**

Budget Account #: \_\_\_\_\_

Job Title \_\_\_\_\_ Job Class \_\_\_\_\_ Pay Grade \_\_\_\_\_ Weekly Hours \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Salary Budget + Fringe

Permanent/Regular Position (no end date)

Temporary Position – provide end date: \_\_\_\_\_

**Remarks**

\_\_\_\_\_

Approvals

Department Head/ Director	Date	_____	_____
Dean / AVP	Date	_____	_____
Vice President / Provost	Date	_____	_____
_____	Date	_____	_____

**Budget Office Use:**

Funding required: \$ \_\_\_\_\_

Source of funds: \_\_\_\_\_