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Reference No.: BatStateU-FO-REQ-03

Effectivity Date: May 20, 2020

Revision No.: 01

Millions					
Title: REQUE	ST FOR AD	DITION	AL FACULTY /	STAFF	
College/ Office:		Campus:			
Current No. of Faculty/ Staff:					
No. of Additional Faculty/ Staff Req	uested:				
Number of Needed Employee/ Field(s) of Specialization:	Required Qualifications				
	Education		Experience Expertise		
	faculty/employee previously given the teaching/work load resigned/ is not renewed/ is on leave				
Reason for the Request:	☐ lack of qualified faculty/ employee to handle the work/ teaching load				
	maximum number of allowable teaching/ work hours met by the current faculty members/ staff				
	others, please specify:				
Effectivity Date:					
Requested by:		Rev	ewed and Verified:		
Troquestes sy.					
NAME Head of Office		Dire	NAME Director for Administration Services/Executive Director		
Recommending Approval:			Certified:		
			☐ Funds available ☐ No funds available for the purpose		
NAME OF VP CONCERNED VPAA / VPRDE / VPEAI			NAME Assistant Director, Accounting		
		Reco	Recommending Approval:		
			NAME VP for Administration and Finance		
Approved:		Rem	arks:		
NAME University President					

Required Attachments: If Request for Faculty (1) Teaching Load; (2) Teaching Schedule
If Request for Staff: (1) Duties and Responsibilities including Salary Grade and estimated Monthly Salary