

[Redacted]

[Redacted]

[Redacted]

**FUNDING INFORMATION**

Use this section to identify the funding source(s) from which this position is to be paid.

Fund	Dept ID	Program*	Project/Grant*	Percent	Monthly Salary Amount	Pay Begin Date	Pay End Date	Start	End
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

\*Only if applicable. The use of fund BKRAE requires a program and project code; the use of fund BK002 requires a project code.

If funding is to be reallocated from another existing position control line(s), complete this section:

Recent Incumbent Name:	To Reallocate \$	New PC Max \$
Recent Incumbent Name:	To Reallocate \$	New PC Max \$

Additional Notes:

**SIGNATURES (REVIEWERS AND APPROVERS)**

Print Name	Signature	Date	Comments
[Redacted]	[Redacted]	[Redacted]	[Redacted]

Chief Financial Officer

[Redacted]

[Redacted]

[Redacted]