

University of South Carolina
School of Medicine
Mission Critical Position Request Form 

Department Name: _____

Position: _____ State Classification: _____

Internal Title: _____

Anticipated Salary and Fringe Cost: _____

Funding Source (Dept/Fund): _____

Briefly explain why this position is mission critical to your department and the institution and why it is necessary to meet any essential academic or regulatory/compliance functions.

Briefly describe the impact if this position is not filled.

Does recurring funding exist currently to support this position? Yes No

What specific adjustments will be made in the future to enable this position to be sustained if resources levels further decline?

Other comments:

RECOMMEND APPROVAL

The following approvals must be received before Human Resources may act on any request to fill a vacancy.

Department Head: _____ Date: _____

Dean/Asst VP/Director: _____ Date: _____

Budget Office: _____ Date: _____

Budget Office Comments:

APPROVAL

Vice President/Provost/Chancellor: _____ Date: _____