



Southern University and A&M College System

Campus Code:

Position Number Assignment Request

Purpose: Please complete this form to request the creation or modification of a Position Number

Instructions:

1. Complete this form electronically and in **FULL**
2. Once the form is completed, please **PRINT** and forward to **SPAPDCO** for processing.
3. Requestor will be notified upon completion.

Budget Code: Fund _____ Org _____ Prog _____

Request Type: Original Modification

Requestor Name: _____
(First) (Last)

Organization/Department: _____

Extension: _____

Project Title:

PLEASE NOTE: A budget justification, MUST accompany this form. *Second Tier Approval Required. Please secure signature as appropriate.

To be completed by the Requestor							To be completed by Finance Department			
SOC Code	Position Title	Period Covered	Original Budget	Debit (Decrease)	Credit (Increase)	Net Budget	Position Class	S or P	Position Number	Account Number
TOTALS										

Principal Investigator/Project Director _____

Date _____

Chairperson/Dean/Vice Chancellor* _____

Date _____

Comptroller Office _____

Date _____

<p><i>Systems Information:</i></p> <p>Processed By: _____</p> <p>Date: _____</p>
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Southern University and A&M College System

Position Number Assignment Request (Continuation)

<i>To be completed by the Requestor</i>							<i>To be completed by Finance Department</i>			
SOC Code	Position Title	Period Covered	Original Budget	Debit (Decrease)	Credit (Increase)	Net Budget	Position Class	S or P	Position Number	Account Number
TOTALS										

Principal Investigator/Project Director _____

Date _____

Chairperson/Dean/Vice Chancellor* _____

Date _____

Comptroller Office _____

Date _____

<p><i>Systems Information:</i></p> <p>Processed By: _____ Date: _____</p>
