

BUDGET APPROVAL/JUSTIFICATION FORM

Facility/Office: _____

Dept.# _____

Job Title	# of Positions Required	# of Hours Per Week	Requested Time Period	Hourly Rate	Total Amount

Appointing Authority

Name (Typed or Printed)

Date Signed

Assistant Commissioner

Unit

Date Signed

Justification and description of duties: (If more space is needed, use additional pages)

Approve/Disapprove
(Circle one)

Signature: _____

Function or Budget Analyst

Budget Comments:

The above constitutes budget availability approval only. The compensation rate is subject to Corrections Human Resources Management review and approval.

Retention Schedule: Upon completion, this form shall be retained permanently in the employee's official and local position files.