<table>
<thead>
<tr>
<th><strong>Position:</strong></th>
<th><strong>Date of Request:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name of incumbent:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Department Name:</strong></td>
<td><strong>Div/Dept #:</strong></td>
</tr>
<tr>
<td><strong>Dept Head Signature:</strong></td>
<td><strong>Acct #:</strong></td>
</tr>
<tr>
<td><strong>Patient Contact:</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

1. Authorized complement for this position:

2. Current year-to-date budget variance in account:

3. Current year-to-date flexible budget variance in account:

4. Current year-to-date patient activity compared to previous years?

5. Total direct HBSI Opportunity (n/a if opportunity is negative):

6. Impact of not filling vacancy (be specific):

7. Other options considered for fulfilling critical functions:

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**TO BE COMPLETED BY SENIOR DIRECTOR:**

<table>
<thead>
<tr>
<th><strong>Approved / Frozen</strong></th>
<th><strong>Signature:</strong></th>
<th><strong>Date:</strong></th>
</tr>
</thead>
</table>