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WICHITA STATE UNIVERSITY

Other Personnel Costs Shrinkage Request Form

Prepared by:	**Jason Post**	**Ext:**	**5826**	**Fiscal Year:**	**2023**
Home Org Name:	**Finance & Administration**	**Org #:**	**101505**	**Date:**	**1/18/23**

Purpose of Shrinkage Funding Request

- ☐ Overtime
- ☐ Lecturers
- ☐ Additional Compensation
- ☐ FMLA
- ☐ Military Leave
- ☑ Parental Leave

Purpose:

Jane Doe will be on maternity leave from the beginning of August through the end of September. The org will need a temporary hire to perform Jane's regular duties for the time she is out, and is requesting $1,000, with an estimated hourly wage of $10 for 100 hours of employment.

Position Number	**999988**	**Fund**	**A2000**	**Org**	**101505**
WSUID	**A123B123**	**Title**	**Administrative Assistant**	**Eff Date**	**8/1/22**

Org Name and EXPENSE Account Description	Fund #	Org #	EXPENSE Account Code #	AMOUNT Increase
VP for Finance & Administration - Temporary	A2000	101505	1110	1,000.00
			Total	**1,000.00**

After all signatures have been obtained, send to Budget Office, Campus Box 47

Budget Officer **Date**

Budget Office Use Only

JV # **Process Date**

Revised July 2019 by University Budget Office