

AGNR FISCAL RESERVE FORM

Department: Date:	Contact name & phone: Daniel Ramia x53009
Position Title:	Position #
Date Vacant:	Type (Faculty, Exempt or Non-exempt):
Source of Funds: State Support All FRS Accounts:	Estimated Salary:

Identify, be specific, where a 2% base budget reduction could be taken in your department/unit if this position was filled. Provide account numbers, amount, position number and subcode if applicable.

Chairs, Directors, Unit Heads Signature: _____

Dean's Signature: _____

Dr. Cheng-I Wei