THE FLORIDA STATE UNIVERSITY
Perquisites or Sale of Goods and Services
Request for Approval

TO: Human Resources
Campus Mail Code 2410

FROM _____
Department Name
Campus Mail Code _____

Department Contact Person _____ _____
Type or Print Name Telephone Number

_____ _____
Email Address Fax Number

1. Type of Request: ☐New Request ☐Revised Request ☐Request to Delete
2. If new/revised, is the request for a one time purchase? ☐Yes ☐No; or for purchases on an annual basis? ☐Yes ☐No
3. Is the perquisite or sale of goods and services a condition of employment for the employee(s)? ☐Yes ☐No
4. Item Description
   a. Goods or Services, short description _____
   _____
   b. Narrative description _____
   _____
   _____
5. Justification/Purpose narrative _____
   _____
   _____
   _____
6. The total number of employees to receive the requested perquisite is _____.
7. Per item unit cost _____. Basis for cost and/or fair market value determination _____.
8. Per Unit Cost Information by Salary Plan (A&P, Faculty, USPS, OPS). Total annual cost for all positions _____

Salary Plan	Job Code	Title	Total FTE in Title	Annual Cost or One Time Cost	Annual Maintenance Allowance Cost	Fair Market Value

9. _____ _____ _____ _____
Requesting Department Authority Date Requesting Department Authority Date

PERQUISITE REVIEW ONLY

Request Number (assigned by review authority) _____ ☐Endorsed ☐Not Endorsed

_____ _____
Human Resources Review Authority Assistant VP and Chief Human Resources Officer

Action Taken: ☐Approved ☐Disapproved

Division Vice President Signature _____ Date _____