

STAFFING REQUEST FORM

Section 1 – Position Details - Completed by Hiring Manager/Requester
 Section 2 - Fiscal Analysis - Completed by Hiring Manager/Requester with Fiscal Services
 Section 3 – Link to College Objectives - Completed by Hiring Manager/Requester
 Section 4 – Request and Review Signatures - Signed by Hiring Manager/Requester, Dean/Director (if applicable), Division VP
 Section 5 – Approval Signatures – Signed by President, Controller, VP-HR

SECTION 1: POSITION DETAILS

Type of Position: ___ New ___ Replacement For (Name & K#) _____
 Type of Classification: ___ Faculty ___ Educational Administrator ___ Classified Manager ___ Classified
 Type of Assignment: ___ Regular ___ Interim ___ Substitute Length: ___ 6mo. ___ 12mo. ___ 24mo.
 Position Number: _____ Position Title: _____
 Job Schedule: ___ 10mo. ___ 11mo. ___ 12mo. Percent: _____
 Salary Table/ Range: _____ Hiring Supervisor/Manager: _____
 Department (Org) Name: _____
 Is this position categorical/grant funded ___ Yes ___ No Categorical/Grant Title: _____
 Primary Funding Source (Budget Code): _____ % _____
 Secondary Funding Source (Split Position): _____ % _____

SECTION 2: FISCAL ANALYSIS

Is position currently in budget: ___ Yes ___ No
 What is the increase or decrease in costs for the position: _____
 Will the increase in costs for the position be offset by any reduction in short term workers: ___ Yes ___ No
 If yes, dollar amount: _____
 Total increase or decrease in costs: _____
**Reductions in other areas of department budgets to offset increases in salaries should not be considered.*

Please describe the fiscal impact the requested position will have on the funding source(s):

SECTION 3: LINK TO COLLEGE OBJECTIVES

How does this position support student success or the success of improved operations of the college?

What are the implications of not having this position?

SECTION 4: REQUEST & REVIEW SIGNATURES

**Hiring Manager to obtain approval in sequential order below*

Hiring Manager/Initiator Signature: _____ Date: _____

Dean/Director Signature (If applicable): _____ Date: _____

Controller Approval: _____ Date: _____

Division Vice President: _____ Date: _____

SECTION 5: APPROVAL SIGNATURES

**VP HR to present proposal including form to PC*

VP HR Signature: _____ Date: _____

PC Approval (President): _____ Date: _____

***Once sections 1-4 are completed, this form is routed by the Division VP as follows:
VP Human Resource signs and presents to Cabinet → President signs
Human Resources forwards copy to Cabinet, Controller and HR initiates recruitment process***