

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/ EVP
Section 5- Approval Signatures	Signed by President, Controller, MR

Type of Position: New

Position Number: _____

Job Schedule: 1

Permanent Interim: Duration/End Date _____

Department (Org) Name: _____

Primary Funding Source (Budget Code): _____ % _____

Secondary Funding Source (Split Position): _____ % _____

Is position currently in budget: 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 work? 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 be considered.

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

SECTION 3: LINK TO COLLEGE OBJECTIVES

What are the implications of not having this position?

SECTION 4: REQUEST & REVIEW SIGNATURES

Supervisor Signature: _____ Date: _____

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

Division VP / EVP Signature: _____ Date: _____

SECTION 5: APPROVAL SIGNATURES

PC Approval (President): _____ Date: _____

Controller Approval: _____ Date: _____

VP HR Signature: _____ Date: _____

Once completed, this form is routed as follows: PC (President) signs VP Business Services brings to Controller Controller signs Hard copy sent to HR VP Business Services emails copy to cabinet.