

**POSITION REQUEST FORM**

**Instructions**:

* Please complete this form in its entirety and forward to the Vice President of your area for review and approval.
* When the Vice President has approved, please electronically forward to Deb Flonc or her designee in the Budget Office.
* Deb Flonc, or her designee, will determine potential budget implications.

***Complete All Information Below:***

|  |  |
| --- | --- |
| Date |  |
| Department Index |  |
| Organizational Code/Department | Choose an item. |
| Employee Type | [ ]  Administrative [ ]  Clerical [ ]  Executive[ ]  Facilities [ ]  Faculty [ ]  Police Dpt.  |
| Full-Time/Part-Time | [ ]  Full-Time [ ]  Part-Time |
| Job Title |  |
| Position Reports to: | Name Title |
| Estimated Salary Range* If proposed salary range exceeds previous incumbent, what is the business justification for the increase, AND
* Have potential internal equity concerns been considered?
 | Minimum Range$  | Maximum Range$ |
| Target Start Date |  |
| New or Replacement | [ ]  New [ ]  Replacement* If replacement, please provide the name of the previous incumbent and the date they left.
* If new position, please provide job description.
 |
| Incumbent Position Number |  |

1. List the key responsibilities of this position:

Please see attached job description.

1. Position justification, why this position must be filled. Provide comments regarding the position’s impact to safety, revenue enrollment, service, budget impact, government requirements, compliance, goal impact, number of students/faculty served, transactions, calls, visits, programs etc.
2. How will the work be completed if this request is not approved?
3. Will this position require new office space? Will new office technology be required (Computers, tablets, iphone, etc.) If yes, please coordinate with appropriate department(s) when this request has been approved.

N/A

|  |  |  |  |
| --- | --- | --- | --- |
| VP Signature/Approval | VP Name (print) | Date | Max Salary Approved by VP |
|  |  |  |  |

If the Vice President submitting this request will not be the primary contact person for this recruitment, please provide the name of the hiring manager below:

|  |
| --- |
| Hiring Manager ‘s Name (please print)  |
| Hiring Manager’s Title (please print) | Phone # |

**HUMAN RESOURCES USE ONLY:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received | Position Number Assigned | Search Number Assigned | Comments |
|  |  |  |  |