

This form must be completed and approved prior to the creation of a requisition. Please complete all relevant sections for the requested position and obtain the necessary signatures. Submit form to oaoperations@csc.edu for approval by Sr. Vice President.

Position Title: _____ Department: _____
Supervisor: _____ Campus: _____

Position Information

New Position Replacement Employee being replaced _____

Full-time Part-time

Staff-Exempt Staff-Non-exempt Fac - TT Fac - ACF Fac – Adjunct

Is funding budgeted for this position? Yes No Proposed Salary: _____

If yes, please provide account number: _____ Target Start Date: _____

Is this position grant funded? Yes No If yes, please list the end date: _____

Who is the grant fund fiscal Point of Contact? _____

Is this position required as part of program accreditation? Yes No

If yes, please submit accreditation standards that state position requirements.

Position Justification

1. Please outline the business case for this position by sharing how it supports the College’s mission.

2. Are there alternative ways to staff the position, i.e. part-time employee/s, work completed by existing staff, using adjuncts, etc.? Explain the advantages and disadvantages of the alternatives.

3. Please explain how you have evaluated the current structure of your department to ensure that the workload is covered in the most efficient way possible?

4. For Tenure Track or Annually Contracted Faculty positions, please provide the program or specific discipline autumn enrollment for the last five (5) years.

5. For non-faculty positions, provide data and statistics to support this request (number of students seen per day/week/month, student to support staff ratio, etc.)

6. Is there a job description for this position? If so, please attach it to this request. If not, please attach a description of the duties and responsibilities for the position.

7. Describe the impact to the College if the position is not filled.

Signature Approvals

I recommend this position request be authorized as proposed as it is in the best business interest of the department/college.

_____	_____	_____	_____
Requesting Supervisor	Date	Dean/Director/Manager	Date

_____	_____	_____	_____
Operations Director	Date	Cabinet Member	Date