

**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, VP-HR

**SECTION 1: POSITION DETAILS**

Type of Position:  New  Replacement For (Name & K#) \_\_\_\_\_  
 Position Number: \_\_\_\_\_ Position Title: \_\_\_\_\_  
 Job Schedule:  10mo.  11mo  12mo. Percent: \_\_\_\_\_  
 Salary Table/ Range: \_\_\_\_\_ Supervisor/Manager: \_\_\_\_\_  
 Permanent:  Interim:  Duration/End Date: \_\_\_\_\_  
 Department (Org) Name: \_\_\_\_\_  
 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 relate to student success or the successful operations of the college?

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.