

## YC Position Request Form

Today's Date: \_\_\_\_\_

This form is to initiate searches or fill regular or temporary positions related to full-time and regular part-time staff and faculty for: Vacancies, Retirements, Resignations, Transfers, Reassignments, Emergency Hires and FTE changes. **Section A & B:** Originator obtains information. **Section C:** Originator meets with Dean, HR, and Budget. **Section D:** ELT member (VP or designee) submits to ELT for decision and signatures. (See distribution below, upon approvals.)

### SECTION A: Required Action (One form per position)

Division: Instruction Community Relations/Student Development Finance & Administrative Services  
 Department: \_\_\_\_\_ Originator: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Requested Title: \_\_\_\_\_ Employee group: \_\_\_\_\_ Grade: \_\_\_\_\_ Exempt/Non-Exempt: \_\_\_\_\_

Employee type: (12 mos, 10 mos, 9 mos) \_\_\_\_\_ Location (campus/center): \_\_\_\_\_

Desired start date: \_\_\_\_\_ Projected end date (if applicable): \_\_\_\_\_

### SECTION B: Justification

**Taking all of the below into consideration, please attach a detailed, yet 1 page or less, justification for filling the position.**

- What would be the impact of NOT filling this position?
- What are the key duties of this position?
- Can the process or the responsibilities of the position be streamlined, consolidated, or automated? What tasks can be eliminated? Is there another employee who can perform the critical components of the position?
- Why is this position critical to the success of the department? Of the college?
- Do you have benchmark information that supports the need to fill this role?
- How would you recommend funding this role?

### SECTION C: Action and Budget Information (TO BE COMPLETED BY HR/BUDGET ONLY)

New  Reg. Hire  Grant Funded  OYO  OSO  Non-Budgeted  
 Emergency Hire  
 Replacement: Employee being replaced (name and Y#): \_\_\_\_\_ Position #: \_\_\_\_\_  
 Reallocation  
 Administrative Reassignment\*  
 Temporary Reassignment\*  Other (i.e., calendar or FTE changes): \_\_\_\_\_

\*Employee filling position, name and Y#(if known): \_\_\_\_\_

### (TO BE COMPLETED BY BUDGET)

Budget Impact: No additional impact (vacancy fund available) New position, additional budget required

Position charge to FOAP: 1. \_\_\_\_\_ % Budgeted salary: \_\_\_\_\_  
 2. \_\_\_\_\_ % Estimated benefits: \_\_\_\_\_  
 3. \_\_\_\_\_ % Total budget needed: \_\_\_\_\_  
 4. \_\_\_\_\_ %

Budget comments: \_\_\_\_\_

### Administrative Approvals

Dean: \_\_\_\_\_ HR: \_\_\_\_\_ Budget: \_\_\_\_\_

### SECTION D: Executive Leadership Team Approval

Approved Approved with changes Declined Under Review

Comments/ELT input: \_\_\_\_\_

CHRO: \_\_\_\_\_ Date reviewed with ELT: \_\_\_\_\_

**Note: This request is subject to expire within 30 days from approval date, if the originating department has taken no action**

FOR ADMINISTRATIVE USE ONLY

Distribution: \_\_\_\_\_ Original: Human Resources \_\_\_\_\_ Copies: Originator, Budget \_\_\_\_\_