 **REQUEST TO FILL A NON-INSTRUCTIONAL POSITION**

This form is to be used to request approval to fill non-instructional permanent, temporary, new or replacement positions.

When submitting the form, a job description must be attached. Once the position has been approved by the Cabinet, the position will be posted to jobs.athens.edu by the Office of Human Resources.

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| **OVERVIEW** |
| Academic Year |       |
| Contact Name |       |
| Contact Email |       | Contact Phone |       |

**Position Information / Justification (to be completed by the appropriate supervisor)**

Department:

Fund:

Current Position Title:

Position Number:

Is funding budgeted for this position? [ ]  Yes-Budgeted [ ]  No-Unbudgeted

Is it grant funded? [ ]  Yes [ ]  No If it is grant funded, is it benefits eligible? [ ]  Yes [ ]  No

If it is benefits eligible from a grant, what are the eligible benefits?

**Type of Position**

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| Position Reports to :       |
| New [ ]  | Anticipated Start Date:       |  |
| Replacement [ ]  | Position Vacancy Date:       | Anticipated Start Date:       |
| Replacement with Modifications [ ]  | Title of Position Vacated:      Title of Position Proposed:      Position Vacancy Date:      Anticipated Start Date:       |
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| Name of Staff Being Replaced:       |
| Position Status: | Full-Time [ ]  |  |  |
|  | Part-Time [ ]  | Hours      |  |
|  | Temporary [ ]  | Hours      |  |
| Estimated Salary: |       | Estimated Benefits: | $9,600 + 20% of Salary:       (for Full-Time and Part-Time) |
|  |  |  | 32% of Salary for Temporary:       |

Position is (check all that apply):

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|[ ]  Accreditation |[ ]  Enrollment Need |[ ]  Reorganization |[ ]  Other |
|[ ]  Business Continuity |[ ]  Grant-Funded |[ ]  Revenue Generating |  |  |
|[ ]  Compliance/Legal |[ ]  Health/Safety |[ ]  Strategic Need |  |  |

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| **Justification** |
| Please provide evidence-based justification (including national or SACS standards) to justify the staffing request.      What is the impact of not filling the position? What projects/priorities/services will be impacted?       |
| **Have you reviewed and exhausted alternative staffing options?** |
| \*Eliminated the work or expanded a current team member(s) role\*Considered hiring position at a lesser FTE, salary, or classification\*Deferred filling the position\*Completely performed by someone else\*Partially performed by someone elsePlease provide detailed explanation:       |

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| **TO BE FILLED OUT FOR BOTH NEW AND EXISTING POSITION** |
| Are there any department/unit reductions in costs or increases in revenues to offset this expense?      If yes, please explain:       |

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| Suggested Search Committee/Hiring Group:       |

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| Additional Comments:       |

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| **Authorization Signatures** |  |
| Dean/Director:  | Date: |
| Vice President: | Date: |
| Please forward to HR Employment Specialist for review and submission to Budget/VP Finance. |
| Budget/VP Finance Reviewed:  | Date: |
| (After budget review, please forward to HR Employment Specialist for submission to Cabinet) |

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| --- | --- | --- | --- |
| Cabinet:President’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Approved:[ ]  | Not Approved: [ ]  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**For Office Use Only**

Received in HR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forwarded to Budget:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cabinet Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Posted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VACA#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_