

University of Hawaii
Kapi`olani Community College
REQUEST TO FILL CRITICAL POSITION

Date Rec'd by Administrator: _____

Administrative Unit:

Program:

Department:

Position Number #:

Pay Range (BC/SR, Band, Rank, 9-mo/11-mo):

Position Title:

Estimated Fill Date:

FTE:

Salary Needs:

Appointment Duration (Check all that apply):

Permanent

Temporary

Tenure Track

Non-Tenure Track

If Temporary Appointment Period:

From:

To:

Funding Sources (Indicate Percentage):

General:

TSF:

Special:

Grant:

Position Reports to: _____

PLEASE PROVIDE A DETAILED ANALYSIS SUFFICIENT TO JUSTIFY REQUEST (Attach additional pages if necessary)

1. Summary of position duties and responsibilities

2. Identify the number and type of similar positions assigned to this program/unit.

3. Reason the position is critical.

4. Impact if this request is not approved.

5. Alternative method of delivering required services.

6. Attach quantitative data to include source of information

7. Resource requirements necessary to support this request:

Physical (Space)

Technology/Equipment

Requested by:

Date

APPROVED BY:

Program Dean:

Vice Chancellor Academic Affairs:

Vice Chancellor Student Affairs:

OCET Director:

Vice Chancellor Administrative Services:

Chancellor:
