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|  |  | | **Date Submitted:** | 1/1/2020 |
| **POSITION DETAILS** | | | | |
| **Position Title:** | | | **Position #:** | |
| **Position Description and Summary of Position Responsibilities (what will position be doing?):** | | | | |
| **Salary Range Request:** | | $      to $ |  |  |
| **Funding Sources:** | General:      % | | TFSF:      % | CCSF:      % |
|  |  | |  |  |
| **Other Resources Needed to Support the Position** | | | | |
| **Physical Space:** |  | | **Equipment (incl IT):** |  |
| **REQUEST JUSTIFICATION AND NEED ANALYSIS** | | | | |
| 1. **Why is this position necessary and why is it critical to fill now?** | | | | |
| 1. **Number of positions in the unit who perform similar duties?**   **List these positions (titles):** | | | | |
| 1. **Number of positions on campus who perform similar duties?**   **List these positions (titles):** | | | | |
| 1. **What are the alternative methods of delivering the service or completing the responsibilities that this position performs?** | | | | |
| 1. **How will this position support your area’s and/or the campus’ priorities?** | | | | |
| 1. **How will this position improve your program?** | | | | |
| 1. **What is the impact to the program/campus if this request is not approved? Include data as appropriate.** | | | | |
| 1. **Please provide a link to your program ARPD or CPR.** | | | | |
| **ROUTING** | | | | |
| Dept Chair: | | | Dean: | |
| VC: | | | ELT: | |
| **FINAL APPROVAL / DISAPPROVAL:** Chancellor | | | | |