

# ***Kapi‘olani COMMUNITY COLLEGE PROCEDURE***

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Procedure Number: K9.495

Approved Date: May 3, 2018

Review Date: May 1, 2019

Kapi‘olani Community College  
K9.495 Vacancy Procedure

## **I. Introduction**

This procedure on vacancies at Kapi‘olani Community College (KCC) ensures that positions are allocated to the department, program, and/or unit with the greatest need at the College and to best serve the College’s mission and achievement of its strategic goals.

## **II. Related Policies**

UHCC Policy [9.495 Long-Term Vacancy](#)

## **III. Procedure Objectives**

In accordance with UHCC Policy 9.495 Long-Term Vacancy, if a vacant position is not filled within a two-year time period, that vacant position must be returned to the UHCC Vice President’s Office.

To address UHCC Policy 9.495, Kapi‘olani Community College follows two procedures: one procedure to recruit a vacancy in the same discipline/area and the other, to request a new position.

## **IV. Procedures**

All vacancies are tracked depending on the positions’ expiration date and are discussed quarterly with the Human Resources Manager at Administrative Staff Council meetings. Program administrators are charged with monitoring both the vacancies in their units and the recruitment timeline and shall communicate the status of the vacancies with their respective programs and departments, to ensure that recruitments are completed within the two-year timeframe.

### **A. Procedure to Rehire**

If a faculty vacancy occurs in a department or unit, a justification shall be made to determine whether filling the position is still necessary in that same discipline or functional area. The department chair/unit head shall submit a *Request to Fill a Critical Position* Form to the respective program administrator within 1 month from the date the vacancy occurs. The program administrator shall approve/disapprove within 2 months of receipt of the *Request to Fill a Critical Position* Form. Rehiring of the position will depend upon the overall needs of the College and be based on the expiration date of the position. Positions to address health and safety issues are the first priority. Positions for which a *Request to Fill a Critical Position* Form has not

been submitted within the above referenced time frame or which the program administrator has deemed to be no longer necessary for the discipline/unit, shall revert to the Chancellor's Office for reallocation. Positions that have not been accepted or filled within nine (9) months of approval to fill shall revert to the Chancellor's Office. The Chancellor's Office may consider extending the timeline for unsuccessful recruitments.

**B.** Procedure to Request New Positions

The need for additional positions must be identified in the department's or area's ARPD, Strategic Plan or Student Success Pathway. The request shall be submitted through the Allocation Request Form (ARF) process to be considered by the campus constituencies and shall include a completed *Request to Fill a Critical Position* Form. If the Chancellor's Advisory Council recommends to the Chancellor that the position is necessary and needs to be filled, the Administrative Staff Council in consultation with the Human Resources Manager shall determine the most appropriate mechanism to fill the requested position, including but not limited to re-allocation of existing vacant positions.

**C.** Non-General Funded or Non-Tuition and Fees Special Funded Positions

All non-general funded or non-tuition and fees special funded positions, e.g. Federal, Trust, Contracts, etc., shall be filled using existing guidelines, procedures and processes. The source fund shall be the only means of funding these positions.

**D.** Civil Service and Administrative/Professional/Technical Positions

Vacant civil service and administrative/professional/technical positions shall be filled in the units in which they originate unless there are very strong programmatic reasons to reallocate. Existing guidelines, procedures and processes will be followed.

**V. Related Documents**

**A.** Attachment A: Request to Fill Critical Position

**B.** Attachment B: Allocation Request Form

## Attachment A

University of Hawai'i  
Kapi'olani Community College  
REQUEST TO FILL CRITICAL POSITION

Date Rec'd by Program Administrator: \_\_\_\_\_

Administrative Unit: \_\_\_\_\_

Program: \_\_\_\_\_

Department: \_\_\_\_\_

Position Number #: \_\_\_\_\_

Pay Range (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: \_\_\_\_\_

TFSF: \_\_\_\_\_

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 Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

## Attachment B

### Allocation Request Form

**Request Tracking Number:** TRACKING # = DEPT ABBREVIATION - # OF REQ (EX. CELTT-1)

<b>Submitter/Contact:</b> <u>TYPE NAME OF CONTACT FOR THIS REQUEST HERE</u>		<b>Date Submitted:</b>
<b>Department:</b> <u>DEPARTMENT NAME</u>	<b>Dean Priority:</b> _____ ranked out of _____ requests	
<b>Department Priority:</b> _____ ranked out of _____ requests	<b>VC Priority:</b> _____ ranked out of _____ requests	

#### I. Section I: Information on Request

1. **Title of Request:** Please enter the title
2. **Description of Request:** Please enter a brief description of the request.
3. Does this request meet the College's and the University's Mission Statement? If yes, please provide a detailed explanation here. Please explain

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#### **Check Boxes if the answer to the question is "Yes"**

1. ☐ Is this request related to an action item in your Department's/Unit's Student Success Pathway? If yes, please indicate where your Student Success Pathway template can be found.
2. ☐ Is this request related to a Strategic Plan outcome(s) and performance measure(s)? If yes, please indicate which Strategic Plan outcome and performance measure this request helps to accomplish.
3. ☐ Is this a technology request?

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#### **Request Details**

Please provide your best projection of the costs of this request (i.e., personnel, operating, and equipment costs). Do not neglect the costs of time, space, or any other impacts to the College as a result of this allocation request.

**Positions:** 0.0      **Funds:** \$000000

**Explanation of the Request:** Please explain the request

**What alternatives has the Department/Unit investigated to finance this request?** Please explain these alternatives and their feasibility. Please discuss

**Justification for this Allocation Request:** Please justify

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## II. Section II: Relationship to Program/Service Improvement

The request MUST be tied to improving one or more learning outcomes or service outcomes. Explain the relationship between the request and each of the outcomes.

1. Please identify the outcome addressed by this request and explain how this request will improve this outcome.
2. How are you measuring progress or achievement for this outcome improvement?
3. How will you know that this improvement has been achieved?

Please discuss how learning/service outcomes will be improved

**\*\*Note:** If your request is funded, in part or in whole, a required report will be submitted to the Chancellor at the end of the fiscal year to address how the allocation improved the outcomes stated above, or if you did not achieve your expected outcomes, your report should include your plan going forward.

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## III. Section III: Communicating the Request

### *Communication and Consultation Section*

It is the responsibility of the department/unit that is initiating the request to ensure that other Departments/Units that are impacted review the request and comment as necessary.

**Departments/Units that will be impacted by this request include:** List all Depts/Units that will be impacted by this request. Include how the departments/units are impacted and what the impact would be.

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## IV. Section IV: Administration Review and Comments

### **- Routing -**

ALL allocation requests require review and comment from:

- |                               |                 |
|-------------------------------|-----------------|
| 1) Department Chair/Unit Head | 4) VCAA or VCSA |
| 2) CELLT                      | 5) VCAS         |
| 3) Dean, as appropriate       |                 |

**\*\*Note:** The department/units administrator is required to have an internal conversation with her/his constituents to consolidate the department/units' requests. Conversations at all levels are encouraged. The discussion should lead to consensus on top priorities. Priorities should be shared with all constituents at every level. The top priorities will be highlighted for ranking

**purposes for the Authorized Governance Organizations. However, all the allocation requests will be listed.**

1. ☐Reviewed by Department Chair/Unit Head – Department Chair/Unit Head the request
  - a. Department Chair/Unit Head please enter comments on request here:
2. ☐Reviewed by CELLT – The equipment requested is:
  - a. CELTT please enter comments on request here:
3. ☐Reviewed by Dean – Dean the request
  - a. Dean please enter comments on request here:
4. ☐Reviewed by Vice Chancellor for Academic Affairs OR Vice Chancellor for Student Affairs – VCAA/VCSA the request
  - a. VCAA/VCSA please enter comments on request here:
5. ☐Reviewed by Vice Chancellor for Administrative Services - VCAS the request
  - a. VCAS please enter comments on request here:

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## **V. Section V: Authorized Governance Organization Comments**

(See ranking sheet for comments.)