**Request For Staffing (Staff/Chair, CSEA or Temp) for AY 2019-20**

**Position requested**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| [ ]   | New position |
|[ ]  Replacement for: Name |
|[ ]  Full-time [ ]  Part-time |  |

**Please indicate the reason for the vacancy.**

|  |
| --- |
|[ ]  Resignation |
|[ ]  Retirement |
|[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## **Justification for Action Requested**

|  |
| --- |
| Briefly describe why the position is needed. |
| Click here to enter text. |
| Have you considered consolidating duties into an existing position, changing to part-time, or redistributing to other positions? If yes, please indicate why these solutions are not appropriate. |
| Click here to enter text. |
| Describe the inadequacies of current staffing to support the immediate and future needs in your department/office:  |
| Click here to enter text. |
| Describe any technological enhancements/solutions you have considered: |
| Click here to enter text. |

## **Additional Evidence**

### **State/Federal/Grant Requirements**

Is this position required due to new state/federal or grant requirements? If yes, please explain the new requirement(s) below and describe why current staffing is inadequate.

|  |  |
| --- | --- |
|[ ]  Yes |  |
| Please explain: Click here to enter text. |
|[ ]  No |

### **Other**

Briefly describe additional evidence to support this position request. Examples of evidence may include connections to advancement of your department/division goals or Strategic Plan objectives and/or specific data being tracked by your department that support the need.

|  |
| --- |
| Click here to enter text. |

## **Implications/Impact if not filled**

Briefly describe the impact of not filling this position:

|  |
| --- |
| Click here to enter text. |