

**Request for Position Approval: New and Replacement**

| *Check-One* | *Check-One* | *Check-One* |
| --- | --- | --- |
| Replacement | Full-Time | Regular |
| New | Part-Time | Temporary |
|  |  | Provisional |

**COMPLETE ALL SECTIONS OR THE FORM WILL BE RETURNED**

| **New/Replacement FT/PT positions** | **New/Replacement PT Faculty positions**  **(Adjunct and Academic Professionals)** |
| --- | --- |
| * ELT member making the request submits completed Request for Position Approval (RPA) and finalized Job Description to appropriate Exec VP or Senior VP/Provost for review and approval. Please refer to VMRT submission calendar.   + VMRT approves RPA (or notifies requestor if not approved) for the following positions:   + **NEW** FT Admin, FT/PT Prof Tech, FT/PT Support, FT Faculty & FT Academic Professionals. FPAR will create a new position number if applicable.   + **REPLACEMENT** FT Admin, FT Prof Tech, FT Support, FT Faculty & FT Academic Professionals.   + Positions **NOT** requiring VMRT approval but still requiring Exec VP or Senior VP/Provost signatures are:   + **REPLACEMENT** PT Prof Tech, PT Support | * Department submits completed RPA **with** the Dean’s signature and finalized job description to HR.   + **NEW** PT Faculty (Adjunct) & PT Academic Professionals. FPAR will create a new position number if applicable.   + **REPLACEMENT** PT Faculty (Adjunct) & PT Academic Professionals.   ***NOTE – This form is NOT used for Specialized Professional Services positions. Please contact HR for the appropriate form.***  ***For Student positions, please follow the Student Employment Hiring Process.*** |

| **Position Title:** Click here to enter position title. | | **Position Number:** Position Number  *(To be completed by FPAR for newly approved positions)* | |
| --- | --- | --- | --- |
| **Previous Incumbent** ***(if requesting replacement)*:** Click here to enter previous incumbent’s name. | | | |
| **Hired Through *(Check One)*:**   Competitive Search  Appointment  Transfer | | | |
| **Position Type** |  | | **Bargaining Unit *(Check-one)*** |
| Administrator *(check applicable)*  Salary  Professional Technical  *(check applicable)*  Salary  Hourly  Support *(check applicable)*  Support (FT/PT)  Paraprofessional (PT)  Professional Support (FT)  Technical (PT)  Technical Specialist (FT)  Police (FT) | Faculty *(check applicable)*  Assistant Professor *(check applicable)*  9-month Faculty  12-month Faculty  Adjunct Instructor | | AFT *(Administrator & Prof Tech)*  CCLP *(Police)*  ESP *(FT Support)*  FMA *(Maintenance)*  MAHE *(Faculty)*  PTCTU *(PT Support)*  Non-Bargaining |
| Academic Professional *(check applicable)* | |
| Academic Advisor  Counselor  Lab Assistant  Lab Instructor  Librarian | Professional Tutor  Sign Language Interpreter  Supplemental Instructor  Teaching Clinician |

| **Classification/ Wage Information** | |
| --- | --- |
| Grade/ Level: Enter Grade/Level. | Salary or Hourly Rate: Enter Salary or Hourly Rate. |

| **Job** |  | **Position Supervisor** |
| --- | --- | --- |
| Date Position Request: Click here to enter a date.  Projected Position Start Date: Click here to enter a date.  Position’s Division: Division  Position’s Department: Department | | Position’s Supervisor: Click here to enter supervisor name.  Supervisor’s Position #: Click here to enter position #. |

| **Location** | **Work Terms** |
| --- | --- |
| Building: Click here to enter building.  Room: Click here to enter room #. | Scheduled work hours per week (PT Only): Enter # hours per week. |

| **Budget Information** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FOAPAL** | | | | | | **Percent:**  ***(total must equal 100%)*** | |
| Fund | Org | Account | Program | Activity (Optional) | Location (Optional) | Percentage |
| Fund | Org | Account | Program | Activity (Optional) | Location (Optional) | Percentage |
| Fund | Org | Account | Program | Activity (Optional) | Location (Optional) | Percentage |
|  | | | | | | | |
|  | | | Salary (Annual unless short-term need) | | | Benefits (Annual unless short-term need) | |
| General Fund | | | $ Annual Salary | | | $ Annual Benefits | |
| Grant Funds: Grant Name | | | $ Annual Salary | | | $ Annual Benefits | |
| Other Funds: Funding Source | | | $ Annual Salary | | | $ Annual Benefits | |

| **Justification** |
| --- |
| How will you fund this position? (Check box **and** provide written justification) |
| Existing Budget  Position Reduction  Position Elimination  New and/or additional funding source  Click here to enter funding justification. |
| Explain the critical need for the replacement of a position or a new position or (include the impacts on the area served) |
| Click here to enter strategic justification. |

**REMINDER:**

**A finalized job description signed and approved by immediate supervisor and HR must accompany this form.**

**When requesting to replace a position, a letter of resignation or intent to retire must accompany this form.**

| **Approval Signatures** | | | |
| --- | --- | --- | --- |
| ELT Member | Date: | Sr. Vice President of Business Operations | Date: |
| Sr. Vice President/Provost | Date: | CFO | Date: |
| President (Sr. VP Positions only) | | | Date: |