

Classified Professionals Staffing Request Form

Office Use Only
Rec. Date:
Fiscal Year:
Program Review:

Please fill out one form for each classified professional position that you are requesting for your division/unit. This form is to be submitted as an appendix in your program review each fiscal year. Please note: positions vacated (e.g., through retirement or resignation) do not go through the annual Classified Prioritization Process. To refill these positions, please work with your area manager.

Division/Unit:			
Official Position Title Requested:			
For official position title, please visit: http://www.clpd If the position you are requesting does not appear of			
Has this position been requested, but	not granted, i	n the past?: □ Yes	□ No
Please indicate if this is a request for/	to:		
□ New position hours	per week	months per year	
Please attach proposed position title and job descripto list: http://www.clpccd.org/HR/SEIU%20MOUs/Classig			ot appear on this
☐ Increase of an existing position			
from: \square 9, \square 10, \square 11 month	n to: □ 10, □	☐ 11, ☐ 12 month	
from: %	to: %	6	
Estimate Increase / Proposed Annual Salary	Cost:	Funding Source:	
(assume step 1 for vacant position)	\$	☐ General	
		☐ Categorical _	
Note: total cost of position will include salary + benefi	ts.	☐ Grant Grant name: _	%

Justification:

Why is this position necessary?

What educational programs or institutional purposes does this position support? How does the request relate <u>specifically</u> to your Program Review, college plans (Strategic Plan, Education Master Plan, Facilities Master Plan, Technology Plan), and/or Accreditation Recommendations?

Where will the individual work? To who to be considered?	m will the perso	on report? Are there any special eq	uipment/facilities needs
What is the consequence of not funding	g this position?		
What alternative approaches have been	considered in	meeting the programmatic demand	's of this request?
How will the campus community (stude impacted by filling this position?	ents, classified	professionals, faculty, and commun	nity) be positively
What other personnel currently provide	support to this	program and these students?	
Requested by:	Date:	Area Manager:	Date:
Area Manager Notes/Response:			