 **Position Request and Approval Form**

Use this form to initiate a recruitment (faculty, administrator, classified, professional).

Before filling this form, Rename and Save a Copy to your computer.

**SECTION 1 - Position Information** (CHECK ONE): [ ] New Position [ ] Replacement

Position Title:       Position #:

Division:       Department:

Executive Council Member:       Supervisor:

Reason for Vacancy:

Previous Employee:       Term of Year (target start date):

**Employee Class (check one):**

 [ ]  Administrator

 [ ]  Classified (attach role/description)

 [ ]  Professional

 [ ]  Faculty: Choose an item.

**Contract Term:**

 [ ]  Fiscal Year

 [ ]  Academic Year, from

 [ ]  Other:

**Union:** Choose an item.

**Position Class (choose one):** Choose an item.

**Compensation: (check one) & enter RANGE:**

 [ ] Annual $

 [ ] Monthly $

 [ ] Hourly $

 [ ] Other $

**Type of Employment:**

 [ ]  Full-time

 [ ]  Part-time (up to 19 hours/week)

 [ ]  Other

**Special Terms / Conditions:**

**General Statement for position posting:**

**SECTION 2 – Funding**

|  |
| --- |
| **Planned Labor Distribution:** (If grant funded, MUST have appropriate signatures below.) |
| Index | Fund | Org | Acct | Program | Distribution % |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

**SECTION 3 -Justification for Requested Action**

[ ]  **Required for Accreditation**

Why do you need this position? What has changed?

How many similar positions do you have in the department/division?

How have you covered this vacancy/ need? [ ] Overtime [ ]  Temporary [ ]  Other (please explain)

Please include statistics of overtime costs/ temporary costs that have been incurred.

Can the work be done at less than full time or by a student, part-time or temp staff? Explain why or why not. (e.g., reduced workload, less than 40-hour week, 10-month work year)

Provide data, statistics, and/or ratios to support this request, including accreditation, legal or grant requirements. (e.g., support staff to manager, hours per student day, cost per unit of services)

Impact of not filling the position? For example, describe the position’s impact on the financial status by increasing revenue and/or reducing operating expenses. What project/work will be in jeopardy of non-completion if position is not filled (be specific)

How does filling this position in the proposed manner complement existing strategic plans (short & long term) and the mission of the Great Falls College MSU?

**Additional costs/ training/ equipment** **(IT)**

**SECTION 4 - Recruiting/ Advertising**

Scope of Search: [ ] Limited to College Staff [ ] Open to the Public

Other:

Human Resources will automatically post the position in several places. If you would like something job/ industry specific, or want to discuss what these locations are further, please see HR.

Where do you want to see this advertised?

**List the top 3-5 key Duties & Responsibilities of this position, and the top 3-5 Required and Preferred Qualifications.**

**Duties & Responsibilities:**

**1.**

**2.**

**3.**

**4.**

**5.**

**Required Qualifications:**

**1.**

**2.**

**3.**

**4.**

**5.**

**Preferred Qualifications:**

**1.**

**2.**

**3.**

**4.**

**5.**

**SECTION 5 – Posting Information** Applicants must submit:

[ ] Resume/CV [ ] Cover Letter [ ] Name, address, & phone # of 3 professional references

[ ] Official Transcripts [ ] Unofficial Transcripts [ ] Certificate [ ] License

[ ] Other (application materials) please specify:

Closing Date:

Recommended Search Committee:

Chair:

|  |
| --- |
| Other Committee Member Names: |
|       |
|       |
|       |
|       |

**SECTION 6 – Decision: To be completed by the Executive Council.**

[ ]  Approved [ ]  Denied Date: Click or tap to enter a date.

**Reason:**

**SECTION 7 – BUDGET APPROVAL/AUTHORIZATION FOR RECRUITMENT:**

**Supervisor:**

Signature: Date:

**Director:**

Signature: Date:

**Executive Council Member:**

Signature: Date:

**Executive Director of Operations:**

Signature: Date:

**CEO/Dean:**

Signature: Date:

[ ]  **Route to Human Resources via DocuSign**