

FACULTY REQUEST

FOR FISCAL YEAR 2013-14

BCP #

DEPT. PRIORITY NO.

DEPARTMENT:

PLEASE CHECK THE BOX REPRESENTING THIS CATEGORY OF FACULTY REQUEST

FACULTY POSITION REQUEST

- New position
- Replacement
- Full-time Temporary
- Conversion (grant to GU001)

BUDGET AUGMENTATION –

- Ongoing
- One-time funding
- Other – explain (e.g. matching)

TITLE OF INSTRUCTOR POSITION

PLEASE PROVIDE A SUMMARY AND RATIONALE OF FACULTY POSITION REQUEST (You may copy and paste from your COMPREHENSIVE OR ANNUAL PROGRAM REVIEW.)

Substantiate recommendations with data and the guidelines listed in the Budget Decision Criteria and College Strategic Goals documents.

INTERNAL REVIEW OF POSITION

- A. Explain why the work cannot be reassigned to other staff within the department

B. Impact on College/District if position is not filled

C. Is a temporary employee currently performing the work of this position?

Yes No

D. New position: How is the work assigned to this position presently accomplished?

ESTIMATE THE COSTS ASSOCIATED WITH THIS FACULTY REQUEST

TOTAL SALARIES AND WAGES (include benefits)

SUPPLIES or OPERATING EXPENSES

EQUIPMENT EXPENSES

Total

\$

SOURCE OF FUNDS	ORG Number		ORG
<input type="checkbox"/> GENERAL FUND		<input type="checkbox"/> Categorical FUNDS	
<input type="checkbox"/> SPECIAL FUNDS		<input type="checkbox"/> OTHER FUNDS	

PREPARED BY	DATE	REVIEWED BY	DATE
	DATE		DATE

IF PROPOSAL AFFECTS ANOTHER DEPARTMENT, DOES OTHER DEPARTMENT CONCUR WITH PROPOSAL? Name the department _____

YES NO ATTACH COMMENTS OF AFFECTED DEPARTMENT, SIGNED AND DATED BY THE DEPARTMENT DIRECTOR OR DESIGNEE.