

# Classified Position Request Form

**Instructions:** Complete one form for each classified position requested

- New Position (not in last year's budget)
- Replacement Position (in last year's budget)
- Conversion Position (from grant to general funds not in last year's budget)
- Formerly Eliminated Position (not in last year's budget)

Title of Position Requested: \_\_\_\_\_

Program/Department/Area: \_\_\_\_\_

Number of Hours per Week: \_\_\_\_\_

Number of Months per Year: \_\_\_\_\_

**Brief Abstract:** (How does position impact present area status, affect workload reduction, impact students or provide support/services?)

**Rationale and Applicability to College Strategic Goals:** (**Substantiate recommendations with data and the guidelines listed in the Budget Decision Criteria document and College Strategic Goals.** Does this need fulfill a compliance/mandated position, i.e. State, Federal, regulatory boards, contracts? Does this need address grant partnership commitments and/or critical community needs?)

**Impact on College/District if position is not filled:** (Include how having the position or not having the position impacts FTES, services to students.)

**Total Cost:**

Salary	\$ _____
Benefits	\$ _____
Computer/office space etc.	\$ _____
<b>Total Amount:</b>	<b>\$ _____</b>