

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: _____ N/A _____

Program/Department/Area: _____ N/A _____

Number of Hours per Week: _____ N/A _____

Number of Months per Year: _____ N/A _____

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

No Request

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?)

N/A

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

N/A

Total Cost:

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