

FACULTY REQUEST

For FISCAL YEAR 2018-2019

BCP #	DEPT. PRIORITY NO.	DEPARTMENT:
PLEASE CHECK THE BOX REPRESENTING THIS CATEGORY OF FACULTY REQUEST		
FACULTY POSITION REQUEST	POSITION DEFINITIONS:	BUDGET AUGMENTATION
<input type="checkbox"/> New position <input type="checkbox"/> Replacement <input type="checkbox"/> Full-time Temporary <input type="checkbox"/> Conversion (grant to GU001)	NEW: Position is not in the 18-19 budget REPLACEMENT: Position is in the 18-19 budget, currently vacant or will be vacant in 19-20.	<input type="checkbox"/> Ongoing <input type="checkbox"/> One-time funding <input type="checkbox"/> Other – explain (e.g. matching)

TITLE OF INSTRUCTOR POSITION: No Requests at this Time

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

Provide data that substantiates the proposed positions. Refer to the guidelines listed in the Budget Decision Criteria and College Strategic Goals documents.

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.