

FACULTY REQUEST

For FISCAL YEAR 2018-2019

BCP #	DEPT. PRIORITY NO.	DEPARTMENT: Health & PE
PLEASE CHECK THE BOX REPRESENTING THIS CATEGORY OF FACULTY REQUEST		
FACULTY POSITION REQUEST <input checked="" type="checkbox"/> New position <input type="checkbox"/> Replacement <input type="checkbox"/> Full-time Temporary <input type="checkbox"/> Conversion (grant to GU001)	POSITION DEFINITIONS: 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.	BUDGET AUGMENTATION <input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> One-time funding <input type="checkbox"/> Other – explain (e.g. matching)

Commented [CG1]: Department should read "Athletics"

TITLE OF INSTRUCTOR POSITION: _____

Commented [CG2]: Title should read "Instructor (Health & PE)"

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.

The Health & PE Department is requesting a full-time tenure track non-coaching position for Fall 2019. With the majority of are full time faculty also coaching, there is difficulty finding working professionals who can teach a lab or lecture courses in the afternoon. As a consequence, we unable to offer courses after 1pm. The Proposal is to hire one full-time faculty member to offset the overload of the existing one-faculty members. This would be an excellent opportunity to increase FTES with additional faculty.

ESTIMATE THE COSTS ASSOCIATED WITH THIS FACULTY REQUEST

TOTAL SALARIES AND WAGES (include benefits)	
SUPPLIES or OPERATING EXPENSES	
EQUIPMENT EXPENSES	

Total	\$
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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

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.