

PERSONNEL ACTION CHECKLIST: RECRUITMENT

New Position Replacement

Request Date: _____

College / Department:		Classification:	
Position Number:		Working Title:	
Position Status:	Permanent Temporary		
Recruitment: Full-Time Part-Time, Timebase: _____ Probationary L/T Temp Temp Emergency If Temporary, duration: _____	Does the proposal require changing the classification? No Yes, please explain why:		
Predecessor's Name:	Predecessor's Departure Date:		
HR Review: Was HR, consulted? If yes, name of contact: No Yes _____	SSP Positions: Does Associate Provost for Student Success support this request? Yes No N/A		
Funding: Projected Annual Cost: \$ _____ Minimum Annual for Classification: \$ _____ Position's Annual Funding/Budget: Existing Permanent Funding: \$ _____ Existing Temporary Funding: \$ _____ Permanent Salary Savings from Position No.(s) _____ Amount: _____ Temporary Salary Savings from, Position No.(s) _____ Amount: _____ Requesting Permanent Funding: \$ _____ Requesting Temporary Funding \$ _____ Type of Funds if funding source is known: Non-Designated General Funds C.O. Funding PCR01 Funds Designated Fee Revenue Grant Funding Other _____ Chartfield String(s): _____ Duration of Funding: Permanent Current Fiscal Year Only Long-Term Recurring Funding			
Is this a strategic priority? Please explain:			
Additional Information:			
Source of Information: AVP/Dean's Office AR Provost's Office Dept: _____			
Academic Resources Info: Was this position funded at the time of the current fiscal year's budget allocation? Yes No			
Provost's Office Section Approved If Funding Requested: \$ _____ Perm Temp Funding Source: _____ Not Approved; Why?			