



## Position Requisition - Temporary

Position Title: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Campus Location: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_

# Hours per Week: \_\_\_\_\_ # Weeks: \_\_\_\_\_ # Maximum Hours: \_\_\_\_\_ Salary Cost\*: \_\_\_\_\_  
\* A minimum of 9% will be added for tax/benefit cost.

Funding Source: ☐ General ☐ Categorical ☐ Grant ☐ Auxiliary Other (specify): \_\_\_\_\_

### Budget Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Percent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Percent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Percent: \_\_\_\_\_

Permanent Staff Savings: ☐ Yes ☐ No

Budget Available: ☐ Yes ☐ No Budget Technician Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Is this position funded by a restricted program? ☐ Yes ☐ No

If yes, name of the program: \_\_\_\_\_

Justification for requested position: *(Be specific and answer the following questions)*

- Discuss how this position improves student success?  
*EMP Goal 6.1 Center success for all students as the goal that shapes and drives our efforts across all roles and all areas of the college.*
- Is this position for Special Projects?
- Does this position require expertise that is not available among current staff?
- Discuss how this position is critical to the Mission.
- What will your department/division do if the position is not funded?
- What are alternative solutions for the position?

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Cabinet Approval Signature: \_\_\_\_\_ Cabinet Approval Date: \_\_\_\_\_

Cabinet Comments: