



# REQUEST TO FILL FORM

UPDATED 9/28/2020

Request #  
(to be completed by CRFO)

## BASIC INFORMATION

Name of Institution			Request Made By				
Full-time	Part-Time	# of Hours					
Permanent	Temporary	End Date (if Temporary)					
Proposed Grade/Step		Proposed Salary		Proposed Start Date			
Job Title				Bargaining Unit			
Position Funding Source:	Dept	Fund	Account	Program	Chartfield 2	SID	%
New Position		Replacement	Reclassification	Other (Add'l Duty Pay)			
<b>If replacement, provide the following information about the position/employee being replaced.</b>							
Employee Name							
Title							
Employee End Date		Position Number					
Salary	Fringe	Payout Amount		Estimated Annual Savings			
Summary of Job Duties							

## SUPPLEMENTAL INFORMATION

- Briefly discuss the nature of this position as it relates to meeting your critical ongoing organizational needs. If this request is for the continuation of an existing full-time EA, please include the employee name and how long they have been in this EA role.
- Is this position part of the one college structure? Yes      No
- Was the cost of this position included in the approved spending plan? Yes      No  
If no, how will this position be funded?
- Can this position be filled using shared or regional alternatives? Yes      No  
Why or why not?

\_\_\_\_\_  
Signature of Campus Finance Designee      Date

\_\_\_\_\_  
Signature of Campus President/CEO      Date

\_\_\_\_\_  
Signature of Chief Regional Fiscal Officer      Date

\_\_\_\_\_  
Signature of Regional President      Date

APPROVED/DENIED

Position Number Assigned by CORE