CSCU

REQUEST TO FILL FORM

UPDATED 5/20/2021

Request #
(to be completed by CRFO)

BASIC INFORMATION

Name of Institution CT State Community College ▼ 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 ☐ FT EA Renewal ☐ Other (Add'l Duty Pay) ☐

If replacement, provide the following information about the position/employee being replaced.

Employee Name

Title

Employee End Date Position Number

Salary Fringe Payout Amount Estimated Annual Savings

Summary of Job Duties

SUPPLEMENTAL INFORMATION

1. 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.

2. Is this position part of the one college structure? Yes ☐ No ☐

3. Was the cost of this position included in the approved spending plan? Yes ☐ No ☐

   If no, how will this position be funded?

4. 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