Request to create/fill faculty or staff position

- Cabinet will review position requests at the first meeting of each month.
- A Cabinet member must bring this completed form forward for consideration
- An updated organization chart must accompany the request

Date: Click here to enter a date.

<table>
<thead>
<tr>
<th>Department/Program/Cluster:</th>
<th>Cabinet member:</th>
<th>Requested by:</th>
</tr>
</thead>
<tbody>
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<td>Click here to enter text.</td>
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</tbody>
</table>

- New position
- Replacement
- Temporary
- Permanent

Suggested job type (e.g. PAT, OS, Tenure Track Faculty, Teaching Lecturer, etc.):

Click here to enter text.

Estimated salary:

Click here to enter text.

Supervisor:

Click here to enter text.

Suggested job title:

Click here to enter text.

1. What are the key responsibilities of this position?
   Click here to enter text.

2. How would functions and responsibilities be managed if this position were not filled? What is the projected impact?
   Click here to enter text.

3. Have other alternatives been considered to performing these duties or functions (i.e., reorganizations, elimination of non-critical functions, outsourcing, filled at less than full-time etc.)? If so, what was considered and why will that approach not work?
   Click here to enter text.

4. Can student employees perform some or all of these duties? If no, why not?
   Click here to enter text.

5. How does this position contribute to the success of students and the wellbeing of the University? (conversion to clusters, sustainability of the institution, recruitment and enrollment, retention and persistence, and/or equipping students to enter the marketplace)
   Click here to enter text.

6. What else should be considered in determining whether this position should be filled at this time?
   Click here to enter text.
If approved by Cabinet, forward this form and any supporting documentation to HR for a classification.

**HR Classification:**

- PAT □
- OS □
- Faculty □

System Classification: ________________________________

System Title: ________________________________

Initial salary: ________________________________

Position # (if refill): ________________________________

HR review by: ________________________________

Date: ________________________________

Please forward a copy of this form to the requesting Cabinet member and Mike Amicangioli @ MSC 17 or mpamicangioli1@plymouth.edu

**FSC Information:**

FOAPAL: ________________________________

Fund/Org/Account/Program Code/Activity

FSC review by: ________________________________

Date: ________________________________

Please forward to Mike Amicangioli@ MSC 17

**Central Finance use:**

<table>
<thead>
<tr>
<th>Budget reallocation complete date: _______</th>
<th>FSC Manager notified date: _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocation from pool: ___________________</td>
<td>Additional allocation from unit budget (amount and source): ____________________</td>
</tr>
</tbody>
</table>