



**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.](#)

Department/Program/Cluster: <a href="#">Click here to enter text.</a>		Cabinet member: <a href="#">Click here to enter text.</a>	Requested by: <a href="#">Click here to enter text.</a>
<input type="checkbox"/> New position <input type="checkbox"/> Replacement	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	Suggested job type (e.g. PAT, OS, Tenure Track Faculty, Teaching Lecturer, etc.): <a href="#">Click here to enter text.</a>	Estimated salary: <a href="#">Click here to enter text.</a>
Supervisor: <a href="#">Click here to enter text.</a>		Suggested job title: <a href="#">Click here to enter text.</a>	

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.](#)

Approved by Cabinet: Yes ___ No ___ Hold ___	Date: _____
<hr/> Tracy Claybaugh, VPFA	

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](mailto:mpamicangioli1@plymouth.edu)

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**FSC Information:**

FOAPAL: \_\_\_\_\_  
Fund/Org/Account/Program Code/Activity

FSC review by: \_\_\_\_\_

Date: \_\_\_\_\_

Please forward to Mike Amicangioli@ MSC 17

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**Central Finance use:**

Budget reallocation complete date: _____	FSC Manager notified date: _____
Allocation from pool: _____	Additional allocation from unit budget (amount and source): _____