

**Request for Position Approval: New and Replacement**

| *Check-One* | *Check-One* | *Check-One* |
| --- | --- | --- |
| [ ]  Replacement | [ ]  Full-Time | [ ]  Regular |
| [ ]  New | [ ]  Part-Time | [ ]  Temporary |
|  |  | [ ]  Provisional |

**COMPLETE ALL SECTIONS OR THE FORM WILL BE RETURNED**

| **New/Replacement FT/PT positions**  | **New/Replacement PT Faculty positions****(Adjunct and Academic Professionals)** |
| --- | --- |
| * ELT member making the request submits completed Request for Position Approval (RPA) and finalized Job Description to appropriate Exec VP or Senior VP/Provost for review and approval. Please refer to VMRT submission calendar.
	+ VMRT approves RPA (or notifies requestor if not approved) for the following positions:
	+ **NEW** FT Admin, FT/PT Prof Tech, FT/PT Support, FT Faculty & FT Academic Professionals. FPAR will create a new position number if applicable.
	+ **REPLACEMENT** FT Admin, FT Prof Tech, FT Support, FT Faculty & FT Academic Professionals.
	+ Positions **NOT** requiring VMRT approval but still requiring Exec VP or Senior VP/Provost signatures are:
	+ **REPLACEMENT** PT Prof Tech, PT Support
 | * Department submits completed RPA **with** the Dean’s signature and finalized job description to HR.
	+ **NEW** PT Faculty (Adjunct) & PT Academic Professionals. FPAR will create a new position number if applicable.
	+ **REPLACEMENT** PT Faculty (Adjunct) & PT Academic Professionals.

***NOTE – This form is NOT used for Specialized Professional Services positions. Please contact HR for the appropriate form.******For Student positions, please follow the Student Employment Hiring Process.*** |

| **Position Title:** Click here to enter position title. | **Position Number:** Position Number*(To be completed by FPAR for newly approved positions)* |
| --- | --- |
| **Previous Incumbent** ***(if requesting replacement)*:** Click here to enter previous incumbent’s name. |
| **Hired Through *(Check One)*:**  [ ]  Competitive Search [ ]  Appointment [ ]  Transfer |
| **Position Type** |  | **Bargaining Unit *(Check-one)*** |
| Administrator *(check applicable)*[ ]  Salary Professional Technical *(check applicable)*[ ]  Salary[ ]  Hourly Support *(check applicable)*[ ]  Support (FT/PT)[ ]  Paraprofessional (PT)[ ]  Professional Support (FT)[ ]  Technical (PT)[ ]  Technical Specialist (FT)[ ]  Police (FT) | Faculty (*check applicable)*[ ]  Assistant Professor *(check applicable)*[ ]  9-month Faculty[ ]  12-month Faculty[ ]  Adjunct Instructor  | [ ]  AFT *(Administrator & Prof Tech)*[ ]  POAM *(Police)*[ ]  ASP/ESP *(FT Support)*[ ]  ASP/PTCTU *(PT Support)*[ ]  FMA *(Maintenance)*[ ]  MAHE *(Faculty)*[ ]  Non-Bargaining |
| [ ]  Academic Professional *(check applicable)* |
| [ ]  Academic Advisor[ ]  Counselor[ ]  Lab Assistant[ ]  Lab Instructor[ ]  Librarian | [ ]  Professional Tutor[ ]  Sign Language Interpreter[ ]  Supplemental Instructor[ ]  Teaching Clinician |

| **Classification/ Wage Information** |
| --- |
| Grade/ Level: Enter Grade/Level. | Salary or Hourly Rate: Enter Salary or Hourly Rate. |

| **Job** |  | **Position Supervisor** |
| --- | --- | --- |
| Date Position Request: Click here to enter a date.Projected Position Start Date: Click here to enter a date.Position’s Division: Division Position’s Department: Department | Position’s Supervisor: Click here to enter supervisor name.Supervisor’s Position #: Click here to enter position #. |

| **Location** | **Work Terms** |
| --- | --- |
| Building: Click here to enter building.Room: Click here to enter room #. | Scheduled work hours per week (PT Only): Enter # hours per week. |

| **Budget Information** |
| --- |
| **FOAPAL** | **Percent:*****(total must equal 100%)*** |
| Fund | Org | Account | Program | Activity (Optional) | Location (Optional) | Percentage |
| Fund | Org | Account | Program | Activity (Optional) | Location (Optional) | Percentage |
| Fund | Org | Account | Program | Activity (Optional) | Location (Optional) | Percentage |
|  |
|  | Salary (Annual unless short-term need) | Benefits (Annual unless short-term need) |
| General Fund | $ Annual Salary | $ Annual Benefits  |
| Grant Funds: Grant Name | $ Annual Salary | $ Annual Benefits |
| Other Funds: Funding Source | $ Annual Salary | $ Annual Benefits |

| **Justification** |
| --- |
| How will you fund this position? (Check box **and** provide written justification) |
| [ ]  Existing Budget [ ]  Position Reduction [ ]  Position Elimination [ ]  New and/or additional funding sourceClick here to enter funding justification. |
| Explain the critical need for the replacement of a position or a new position or (include the impacts on the area served) |
| Click here to enter strategic justification. |

**REMINDER:**

**A finalized job description signed and approved by immediate supervisor and HR must accompany this form.**

**When requesting to replace a position, a letter of resignation or intent to retire must accompany this form.**

| **Approval Signatures** |
| --- |
| ELT Member | Date:  | Sr. Vice President of Business Operations | Date: |
| Sr. Vice President/Provost | Date: | CFO | Date: |
| President (Sr. VP Positions only) | Date: |