

CRITICAL POSITION REQUEST FORM

Instructions for Completing Form:

This form is to be originated by the Department Head and forwarded for additional supervisory signatures. It is to be completed at the department, unit, and/or division level then forwarded to President Walker.

Hiring Department: _____ Position Title: _____

Anticipated Salary: _____ Funding Source: _____

POSITION JUSTIFICATION – (Add an X to the appropriate criteria and provide an explanation)

A. This position impacts student retention and graduation.

B. This position impacts the University's ability to achieve its enrollment objectives.

C. Have you considered a restructure of work versus filling this position?

D. This position impacts the University's fiscal integrity or process improvement efforts.

E. This position impacts the overall operations of my department, unit, or division.

Please explain each criterion selected above:

SIGNATURES OF INDIVIDUAL REQUESTING APPROVAL

Department Head

Date

Vice President

Date

PRESIDENT'S ACTION ON REQUEST

Approved

Return for Further Justification

Denied

President

Date