**CLASSIFIED REQUEST**

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| **Submitter’s First Name:** | Click or tap here to enter text. |
| **Submitter’s Last Name:** | Click or tap here to enter text. |
| **Submitter’s Email:** | Click or tap here to enter text. |
| **Submitter’s Phone Number:** | Click or tap here to enter text. |
| **Who is your Dean/Supervisor?** | Click or tap here to enter text. |
| **Are you the Department Chair?** | Click or tap here to enter text. |
| **Who is your Vice President?** | Click or tap here to enter text. |
| **Program/Department:** | Click or tap here to enter text. |

**Type of Review:**

Note: Library and Counseling should submit individual Program Reviews: one for Instruction and one for Student Services.

Instruction

Student Services

Administrative

**POSITION REQUEST**

**Please check one of the following:**

Replacement Position (Previously funded/ not currently funded)

New Position (Never been funded/newly created)

***Please note:*** *that an approved job description from the District office is required in order to complete the request form. You may not proceed with the request without the job description.*

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| **If this request is for a replacement, how long has the position been vacant?** | Click or tap here to enter text. |
| **Job Title** | Click or tap here to enter text. |

**Salary Information**

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| --- | --- |
| **Salary Schedule Range:** | Click or tap here to enter text. |
| **Annual Salary (Step 1) $:** | Click or tap here to enter text. |
| **Step 5 $:** | Click or tap here to enter text. |

**Contract (check one):**

100% FTE

Other FTE %:

12 month

11 month

10 month

**Job Description Summary**

**Required**: Attach a copy of the department Organizational Chart showing all positions and highlighting the position requested.

**Required**: Attach a copy of the CCCD Position Description, if available (obtain from Personnel Dept).

**CCCD does not have a position description as it is a new position within the district.**

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| **What are the essential duties this position will fulfill?** |
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**JUSTIFICATION**

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| **What is the compelling need for an immediate replacement?** |
| Click or tap here to enter text. |

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| **What are the consequences if this position is not immediately replaced?** |
| Click or tap here to enter text. |

**If the full-time position is approved, will there be a request for funding for 160-day position during the hiring process?**

Yes

No

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| **Position title and Area of Specialization (if applicable)** |
| Click or tap here to enter text. |

**Needs/Priority Rubric** (1-10 points)

* 1 - 4 points: Little or no contribution or impact
* 5 - 7 points: Some contribution or impact
* 8 - 10 points: Significant contribution or impact

**How does this request for a classified position meet the following criteria? *(2 page max.)***

*Fully respond to each of the following questions. Your responses will be the basis that Planning Council and the Executive Team members will apply the criteria and rate this request.*

**#1. Program Needs** (1-10 points):

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| Explain the conditions that are unique to the program/department which support the need for additional full- time classified staff and how this position addresses those needs. If this position is not filled, explain the consequences to the **program/department** that will result. Please use information from Program Review. |
| Click or tap here to enter text. |

**#2. College-Wide Priority** (1-10 points):

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| How does this request align and directly support the [College’s Goals](https://www.goldenwestcollege.edu/about/mission/index.html)? How does this position address stated long-term college priorities identified by College plans? (e.g. Master Plan, Instructional Plan, Student Equity Plan, Facilities Plan) *Please* c*ite the plans and goal(s).* |
| Click or tap here to enter text. |

**#3. Contributions to Other College Operations** (20 points):

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| To what extent would the position requested benefit or serve other departments, programs, or plans? |
| Click or tap here to enter text. |

**#4. Request fills a current position that has been filled by an hourly employee for over one year because there is a demonstrated need.** (10 points):

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| (Determined by the Executive Team) |
| Click or tap here to enter text. |

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| **Please provide justification why the department wants the position to be permanent.** |
| Click or tap here to enter text. |

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| **Submitter’s Signature:** Click or tap here to enter text. |

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| **Date:** Click or tap to enter a date. |

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| **Submitter’s Signature:** Click or tap here to enter text. |

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| --- |
| **Date:** Click or tap to enter a date. |

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| **Supervisor’s Review** |
| As the supervisor of this program, I have reviewed this request.  No concerns  I have concerns |
| **Comments:** Click or tap here to enter text. |

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| **Supervisor’s Signature:** Click or tap here to enter text. |

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| **Date:** Click or tap to enter a date. |

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| **Vice President’s Signature:** Click or tap here to enter text. |

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| **Date:** Click or tap to enter a date. |

**OFFICE USE ONLY**

**President’s Recommendation:**

Hire position

Hire one-year temporary

Not hiring at this time

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| **President’s Signature:** Click or tap here to enter text. |

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| **Date:** Click or tap to enter a date. |