

STAFFING REQUEST FORM

Department _____ Add _____ Delete _____

FTE _____

Position Title _____

Describe, in some detail, the need for this position (Use additional sheets if necessary.)

See attachment

If the position is approved, what other expenses do you anticipate?

Describe:

Describe:

Calculate anticipated Salary and Benefit costs for each of the *next four* years using anticipated increases:
_____ yr. 1 _____ yr. 2 _____ yr. 3 _____ yr. 4

If the position is NOT approved, what are the consequences? Attach sheet

Are any *new revenues* expected to cover the cost of the requested position? Yes _____ No _____
If yes, are the revenues certain? Yes _____ No _____ and if certain, the revenues are certain for
how many years? _____ Years. Attach supporting material.

See Attached

Reviewed and supporting by Critical Staffing Committee

If General Fund Position and recommended by Critical Staffing Committee, indicate rank of this position to other recommended GF positions. _____ out of _____ positions recommended.

Committee Comments: