

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?

Recurring: \$_____ Office/Operation Supplies
 \$_____ Purchased Services
 \$_____ Other

One Time \$_____ Furn/Fix
 \$_____ Vehicle
 \$_____ Office Space

Describe:

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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: