

ABRAHAM BALDWIN AGRICULTURAL COLLEGE
REQUEST TO FILL A POSITION

REVISED: This form is used to initiate requests to fill vacant or new full or part-time positions. It is to be **sent electronically** from requestor to approver. It can be signed with an electronic signature or with initials and date. The hiring manager prepares this form and forwards it by email to his/her supervisor, who sends it to the supervisory Vice President, who forwards it to the Business Office (donnaking@abac.edu.) The Business Office will complete the Budget Information section and obtain approval from the Vice President of Fiscal Affairs and the President. The final completed form is then emailed to Human Resources where the advertising will be arranged.

FOR REQUESTING DEPARTMENT USE:

REQUEST INITIATED BY:	
Name: _____	School/Department: _____
REQUEST FOR APPROVAL TO:	
<input type="checkbox"/> Fill the position vacated by: _____ on _____, 20__ Budget Position # _____	
<input type="checkbox"/> Create a new position	
<input type="checkbox"/> Hire Temporary/Seasonal Assistance	
POSITION INFORMATION: Position Title: _____	
Position Category: <input type="checkbox"/> Administrative <input type="checkbox"/> Faculty <input type="checkbox"/> Classified Staff	
Type of Employment: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary, enter employment begin/end dates _____	
Desired Start Date: _____ <input type="checkbox"/> Full time <input type="checkbox"/> Part time _____%FTE or _____ Hours/week	
Suggested Salary: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried Budget: _____	
Justification: 1. How many employees within the unit have the same title? _____	
2. Can the duties associated with the position:	
a. Be assumed by another employee via reassignment of duties? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, why?	
b. Be performed by a part-time or temporary employee? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, why?	
c. Be temporarily suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, why?	
Hiring Manager: _____	Date: _____
Supervisor: _____	Date: _____
Supervisory Vice President: _____	Date: _____

BUDGET INFORMATION (Completed by Senior Accounting Assistant in Fiscal Affairs):

Total Salary & Benefits (Annually) _____	Sources _____ % State funds; _____ % Federal/Other
Cost of total Current Vacant Positions for the Program: _____	
Funds for this position are: <input type="checkbox"/> Available <input type="checkbox"/> Not Available	Fiscal Year _____
Budget Position # _____ Position Title _____	
Budgeted amount: \$ _____	Completed by: _____ (Initials)
Approval: Vice President of Fiscal Affairs: _____	Date: _____

APPROVAL:

PRESIDENT _____	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Signature _____	Date _____

AFTER APPROVAL RETURN ORIGINAL TO HUMAN RESOURCES

Revised 8/09