

## STAFFING REQUEST FORM

Department \_\_\_\_\_ Add \_\_\_\_\_ Delete \_\_\_\_\_

FTE \_\_\_\_\_

Position Title \_\_\_\_\_

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

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See attachment

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

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: