

Faculty Position Request Form Year 2012~2013

For Academic Affairs Advisory Group Recommendation	Date(s) Considered:	
	(To be completed by The Vice President of Academic Affairs)	
	<input type="checkbox"/> Recommended to Approve (Indicate Ranking) ➡	
	<input type="checkbox"/> Not Recommended to Approve ⤵	
Explanation:		

Directions: Complete a separate request for each position. Forms must be signed by the originating Division Chair/Director and the appropriate supervising administrator. Use additional sheets as needed.

A. General Information

Position Title:	
Department:	
Division:	

Check all that apply:	
<input type="checkbox"/>	New Position
<input type="checkbox"/>	100% Assignment
<input type="checkbox"/>	Split Assignment Identify Split %
<input type="checkbox"/>	Replacement: Identical Position
<input type="checkbox"/>	Replacement: Modified Position Identify faculty being replaced:
<input type="checkbox"/>	Consolidation of Existing Adjunct Positions

Review/Approval	Date
Department Chair:	
Division Chair or Supervising Administrator	
Dean, Academic Affairs or Student Services	
All conflicts/disagreements should be discussed prior to submission of this form. In the event the division chair or dean does not support the position, provide reasons:	

B. Description of the Position/Assignment

1. Describe all aspects of the position, including non-teaching assignments.

2. Aspects of college's mission being addressed by position:

- Transfer to four-year colleges
- Basic skills instruction
- Career Technical Education (CTE)
- Student support services

3. Is this position categorically funded? Yes No

C. Rationale for the Position

1. Description of need. Please include information on the effects on the program, your division, the college, and the community of filling the position versus not filling it.

[Yellow response area]

2. If this position is new or modified, is it addressed in MPC planning documents, such as the college's Educational Master Plan, the Division's most recent Program Review, the Department's Program Review Update and Action Plan, and/or the Division's and/or Department's Program Reflections?

- Yes (Please cite below.) No (Please explain below.)

[Yellow response area]

3. Is this position required by external licensure, accreditation, or legal mandates? If so, please explain.

[Yellow response area]

4. Is this position recommended by a CTE advisory group? If so, please explain. If this is a CTE position, please provide Labor Market Information (LMI) for any occupations in which the instructor will provide instruction or training.

[Yellow response area]

5. Program size (To be completed in conjunction with Institutional Research Office):

a. FTES Credit and Noncredit History

	FTES (Credit)	FTES (Noncredit)
2008-2009		
2009-2010		
2010-2011		

b. FTE

	Full-time	Adjunct
2008-2009		
2009-2010		
2010-2011		

6. Programmatic plans for this and future years:

7. First two years' assignment for this position.

a. Teaching responsibilities:

Fall	Spring	Fall	Spring

b. Other duties and/or programmatic responsibilities (i.e., program/curriculum development, program coordination, facilities oversight, outreach, etc.):

8. Office/location to be assigned:

9. Other related resources needed:

10. Other considerations: