

MT. SAN ANTONIO COLLEGE

Human Resources

REQUEST TO FILL - FACULTY POSITION

****This form is used to gain approval prior to recruiting for a position. Instructions for completing this form are located on the back.**

Discipline/Title: Vocal(Choral) Music FacultyDepartment: MusicDivision: ArtsMonths per Year: ☒ 10 months ☐ 11 months ☐ 12 months#Days per Year: ☐ 175 ☐ 195 ☐ 210 ☐ Other: _____☐ Funded: _____

Former Employee (if applicable): _____

☐ Newly Funded Position Fiscal Year _____☐ Tenure Track☒ Temporary Faculty (one year)

Approved by Dr. Scroggins via email, 5/9/22

Please list any changes in the budgeted position as described above (i.e., title, time, term, etc.).

Background and Rationale (use back of form if additional space is needed):

This is a temporary backfill due to a retirement. This faculty will lead three choral ensembles plus teach additional courses in the Music Department. This is a critical position to maintain standards in this program.

Please list the Account Number(s) and Budget Amount(s) that is/are being used to fund this Position. **This section MUST be completed in order to provide budget for the position.** 116000 130,088

Account Number(s): 11000 372000 ~~111000~~ 100400 -1100100 % Amount \$ -122,718-

Account Number(s): _____

% Amount \$ _____

Funding: (check all that apply) ☒ General Fund Unrestricted ☐ Restricted Funds ☐ Categorical ☐ Grant
☐ Annual renewal of this position is contingent upon the College's receipt of continued funding

Duration (if grant funded): Beginning date: _____ End date: _____

Comments: _____

Signatures:1. Requesting Manager Signature Mark A. Swartz

5-10-22

Date

4. Human Resources Signature

Date

2. Division Vice President Signature Kelly M. Fowler

5/18/22

Date

5. Vice President, Human Resources Suchakong

5/19/22

Date

3. AYP Fiscal Services Signature Bob Boxer

05/19/22

Date

CCCBO

111006

☐ Funding available ☐ Funding not available Position Number: _____ Contract Number: _____

Comments: _____

Reviewed by President's Cabinet, the following action was taken on the above request:
☐ Approved to fill immediately ☐ Denied ☐ Modified
If position **does not have funding**, provide funding directions: _____

Rationale: _____

6. Signature of President/CEO William J. Scroggins

5.24.22

Date