

MT. SAN ANTONIO COLLEGE

Human Resources

REQUEST TO FILL - STAFF and ADMINISTRATIVE POSITIONS

****This form is used to gain approval prior to recruiting for a position.**

Instructions for completing this form are located on the back.

Position: Special Project Manager, CBE

Department: School of Continuing Education

Time (FTE): 1 Term (months/year): 12

Work Schedule (Days, Hours): Monday - Friday, 8:00am-5:00pm

Salary Schedule (Range): M-9

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

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

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.**

Account Number(s): 17012-380738-215000-493000-2100 Direct Assessment CBE 100 % Amount \$ \$173,862
Account Number(s): _____ % Amount \$ 113,652 + benefits

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

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

Comments: Division requesting 1 year assignment duration per justification -TFD

Signatures:

Madelyn A. Arballo
1. Requesting Manager Signature

8/11/23
Date

[Signature]
4. Human Resources Signature

9/1/2023
Date

Madelyn A. Arballo
2. Division Vice President Signature

8/11/23
Date

[Signature]
5. Vice President, Human Resources

9/1/2023
Date

[Signature]
3. Chief Compliance/Budget Officer Signature

08/29/23
Date

☒ Funding available ☐ Funding not available Position Number: MT9963 Contract Number: 211550

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: _____

[Signature]
6. Signature of President/CEO

September 5, 2023
Date

MT SAN ANTONIO COLLEGE SALARY PROJECTION

POSITION NUMBER	FTE	SCH RANGE STEP	TOTAL MONTHS	NAME	FUND	FY 23-24 Jul-Jun	Funding Source/Comments
New	1.000	M 9 1	12	Special Project Manager, CBE		173,862	Proposed funding from: 17012-380738-142000-493000-1200
Estimated Ongoing Cost						\$ 173,862	

REQUEST FOR APPROPRIATION TRANSFER

FISCAL YEAR: 2023-24

CHECK CORRECT BOX

☒ ONE-TIME
☐ ONGOING

Journal Voucher No. _____

(Assigned by Accounting Dept.)

Date 8/15/2023

FROM: Budget Classification as Shown on Adopted Budget		
ACCOUNT NUMBER	DESCRIPTION	AMOUNT (Whole Dollars Only)
(1) 17012 380738 142000 493000 1200	Hrly Noninstr Salaries	120,000
(2) 17012 380738 311000 493000 1200	STRS Budget Holding	22,920
(3) 17012 380738 335000 493000 1200	Medicare Budget Holding	1,740
(4) 17012 380738 351000 493000 1200	SUI Budget Holding	60
(5) 17012 380738 361000 493000 1200	W/C Budget Holding	1,668
(6) 17012 380738 232000 493000 2100	Professional Expert Salaries	25,000
(7) 17012 380738 335000 493000 2100	Medicare Budget Holding	373
(8) 17012 380738 351000 493000 2100	SUI Budget Holding	13
(9) 17012 380738 361000 493000 2100	W/C Budget Holding	348
(10) 17012 380738 381000 493000 2100	Alt Retire Plan Budget Holding	750
(11) 17012 380738 521000 493000	Travel and Conferences	990

TO : Budget Classification as Shown Below		
ACCOUNT NUMBER	DESCRIPTION	AMOUNT (Whole Dollars Only)
(1) 17012 380738 215000 493000 2100	Classified Admin Salaries	113,652
(2) 17012 380738 321000 493000 2100	PERS Budget Holding	30,322
(3) 17012 380738 331000 493000 2100	OASDI Budget Holding	7,046
(4) 17012 380738 335000 493000 2100	Medicare Budget Holding	1,648
(5) 17012 380738 351000 493000 2100	SUI Budget Holding	57
(6) 17012 380738 361000 493000 2100	W/C Budget Holding	1,580
(7) 17012 380738 341000 493000 2100	Health and Welfare Benefits	19,557

REASON FOR TRANSFER:

(IMPORTANT: State reason clearly and in detail)

To provide funds for a temporary Special Projects Manager for

the Direct Assessment CBE Collaboration Grant.

Accounting Department Review By: _____

Requested by

(Division Chairperson or Supervisor)

Date: _____

Title: _____

Approved by

(President, Appropriate Vice Pres. or Adm. Director)

(Required if more than \$4,999)

Date: 8/15/23

Title: VP, School of Continuing Ed

Approved by President's Cabinet

Date: _____

Approved by Board

Date: _____

Posted to Accounting Records

Date: _____

EMPLOYER PAID BENEFITS CALCULATOR

DESCRIPTION	ACCOUNT FUND - ORG - ACCOUNT - PROGRAM	%	TOTAL GROSS SALARIES <i>Rates for 23-24</i>	STRS 84% 19.10%	PERS 26.680%	OASDI 6.200%	MEDI (LAR) 1.450%	H & W varies	H & W	SUI 0.05%	W/C 1.390%	ALT RET 16% 3.000%	RET BEN 0.00%	TOTAL FRINGE BENEFITS	TOTAL SALARIES AND BEN
<i>Object coes:</i>				311000	321000	331000	335000	341000	345000	351000	361000	381000	391000		
XXXXX-XXXXXX-XXXXXX-XXXXXX	FORMULAS:		0	0	0	0	0			0	0	0	0	0	0
17012-380738-232000-493000-2100	HOURLY		25,000				373			13	348	750		1,484	26,484
17012-380738-142000-493000-1200	STRS		120,000	22,920			1,740			60	1,668			26,388	146,388
	PERS				0	0	0			0	0			0	0
	PPT		-				0			0	0	0		0	0
	FT FACULTY			0			0			0	0			0	0
	OVERTIME		-			0	0			0	0			0	0
				145,000	22,920	0	0	2,113	0	0	73	2,016	750	0	172,872

PERSONNEL TYPE	BENEFITS PAID (ASSUMPTION)
CLASSIFIED FULL TIME	PERS, OASDI, MEDICARE, H&W, SUI, W/C
CERTIFICATED FULL TIME	STRS, MEDICARE, H&W, SUI, W/C
HOURLY	MEDICARE, SUI, W/C, ALT RET
STUDENT HOURLY	W/C ONLY
OVERTIME CA/CO/SU, PROFESSIONAL GROWTH	OASDI, MEDICARE, SUI, W/C

CURRENT HEALTH & WELFARE RATES 22-23

	H & W (Annually)
FACULTY	14,593
MANAGERS	18,229
CONFIDENTIAL	18,229
UNIT A	18,229
UNIT B	18,229

* Starting 7/1/2016, Metlife is charging flat rate, no more \$3 per person/per month.

ALT RET: Alternative Retirement Plan