

March 25, 2025

## 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: ACCESS CounselorDepartment: ACCESS &Division: Student ServicesMonths per Year: ☐ 10 months ☒ 11 months ☐ 12 months#Days per Year: ☐ 175 ☒ 195 ☐ 210 ☐ Other: \_\_\_\_\_☒ Funded: DSPS Categorical FundsFormer Employee (if applicable): Barbara Quinn☐ Newly Funded Position Fiscal Year \_\_\_\_\_☒ Tenure Track☐ Temporary Faculty (one year)

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

No changes

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

See Attached & Accompanying Organization Chart for ACCESS & Wellness.

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): 17525-522000-123000-642000-1200100 % Amount \$ 173,549

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: Salary: \$125,316 Benefits: \$ 48,233**Signatures:**1. Requesting Manager Signature Connie GutierrezDate 03/11/254. Human Resources Signature Stacy ManfrediDate 3/13/252. Division Vice President Signature Melba CastroDate 3/12/2025

5. Vice President, Human Resources

Date \_\_\_\_\_

3. Chief Budget/Compliance Signature RoxaDate 03/14/2025

3. Chief Budget/Compliance Signature

Date

☒ Funding available ☐ Funding not available Position Number: \_\_\_\_\_ Contract Number: 111001

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

Date

# ACCESS & Wellness

