

President's Cabinet

MT. SAN ANTONIO COLLEGE

March 25, 2025 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: Professor of Respiratory TherapyDepartment: Respiratory TherapyDivision: Technology and HealthMonths 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)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):

Please see attached rationale.

_____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): 11000 356000 111000 121000 11000 100 % Amount \$ _____

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:**Lance Heard Digitally signed by Lance Heard
Date: 2025.03.19 18:03:59
-07'00'

1. Requesting Manager Signature

Date _____

Kelly Fowler Digitally signed by Kelly Fowler
Date: 2025.03.20 10:07:10 -07'00'

2. Division Vice President Signature

Date _____

3. Chief Budget/Compliance Signature

Date _____

☐ 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 ☐ ModifiedIf position **does not have funding**, provide funding directions: _____Rationale: _____

6. Signature of President/CEO

Date _____