

President's Cabinet

MT. SAN ANTONIO COLLEGE

June 24, 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 CommunicationDepartment: CommunicationDivision: Humanities and Social SciencesMonths 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.).

APPROVED BY DR. GARCIA ON 6/17/25.

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

Please see attachedPlease 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): 11000-342000-111000-150600-1100 100 % Amount \$ \$157,880

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:Hoover, Karelyn Digitally signed by Hoover, Karelyn
Date: 2025.06.17 15:31:16 -07'00'06/17/2025

Date

TDH Stacy Manfredi Digitally signed by Stacy Manfredi
Date: 2025.06.18 08:01:46 -07'00'

4. Human Resources Signature

Date

1. Requesting Manager Signature

Kelly Fowler, Ph.D. Digitally signed by Kelly Fowler,
Ph.D.
Date: 2025.06.17 15:40:50 -07'00'

2. Division Vice President Signature

Date

5. Vice President, Human Resources

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

SALARY PROJECTION

POS CLASS	UNIT	POSITION	ACTUAL FTE	RANGE	STEP	TOTAL MONTHS	FUND	ORG	ACCT	PROG	ACTIV	ACCOUNT PERCENT	TOTAL SALARY	FRINGE BENEFIT ACCTS					TOTAL BENEFITS & BENEFITS		
														311000 STRS	335000 MEDI	341000 CIL	351000 SUI	361000 W/C			
Estimated Benefit Rates for 2024-25														19.100%	1.450%	Varies	0.05%	1.310%			
FY 24-25																					

FA175	FA	Professor - 175 days 10 mths Col 2 Stp 7	1.00	2	7	10	11000	XXXXXX	111000	XXXXXX	1100	100%	112,463	21,480	1,631	20,776	56	1,473	45,417	157,880
-------	----	---	------	---	---	----	-------	--------	--------	--------	------	------	---------	--------	-------	--------	----	-------	--------	---------