

October 1, 2024

**MT. SAN ANTONIO COLLEGE – HUMAN RESOURCES  
REQUEST TO FILL – STAFF and ADMINISTRATIVE POSITIONS****(Instructions for completing this form begin on page 2)**☐ Classified ☐ Confidential ☐ Administrative☐ Temp Special Projects Administrator (see [AP 7135](#)) ☐ Out-of-Class Assignment**A**

Position: \_\_\_\_\_ FTE (%): \_\_\_\_\_

Division: \_\_\_\_\_ Department: \_\_\_\_\_

Term (month/year): \_\_\_\_\_ Salary Schedule (Range): \_\_\_\_\_

Work Schedule (Days, Hours): \_\_\_\_\_

**B****Previously Budgeted Position - Vacant (Incumbent Separated/Separating)**

Incumbent name: \_\_\_\_\_ Last date of employment: \_\_\_\_\_

Reason for vacancy: \_\_\_\_\_

**Newly or Previously Budgeted Position - Never Filled**

Fiscal Year Budget Approved: \_\_\_\_\_ Budget Source (e.g., NRA, Grant Name): \_\_\_\_\_

**Out-of-Class Assignment Reason** ☐ Incumbent on Leave ☐ Vacancy ☐ Back-Fill**C****Rationale/Operational need for and consequence of not, filling this position (attached additional page if needed):****Area Vice President Initials:** \_\_\_\_\_**D****Budget information to fund this position:**

Account Number: \_\_\_\_\_ Amount: \_\_\_\_\_ % \$ \_\_\_\_\_

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Fund (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 (grant/temporary funded): Beginning date: \_\_\_\_\_ End date: \_\_\_\_\_

Comments / Please list any changes in the budgeted position (e.g. title, FTE, Term, etc.):

**Fiscal Use Only:** Funding available Funding not available | Position # \_\_\_\_\_ Contract # \_\_\_\_\_**E****Signatures - print/sign/date (to be completed in numerical order):**

1. Requesting Manager: \_\_\_\_\_

2. Division Vice President: \_\_\_\_\_

3. Applicable Human Resources Manager: \_\_\_\_\_

4. Chief Compliance/Budget Officer: \_\_\_\_\_

5. Vice President, Human Resources: Recommend to fill Yes No (see attached rationale) \_\_\_\_\_

Initial \_\_\_\_\_ Date \_\_\_\_\_

**Reviewed by the President's Cabinet, the following action was taken on the above request:**☐ Approved to fill immediately ☐ Approved to fill (enter date) \_\_\_\_\_ ☐ Denied

6. President/CEO: \_\_\_\_\_