

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: Kinesiology Professor/Head Coach Men' E

Department: Kinesiology/Athletics

Division: Kinesiology, Athletics, & Dance

Months per Year: [x] 10 months [] 11 months [] 12 months

#Days per Year: [x] 175 [] 195 [] 210 [] Other: _____

Funded: _____

Former Employee (if applicable): Clark Maloney

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):

Replacement faculty position for Kinesiology professor and head Men's Basketball coach due to retirement of Clark Maloney. Approved in Cabinet on 11/21/25.

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.


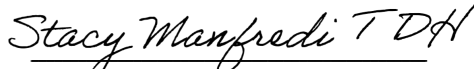
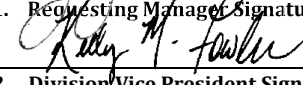
Account Number(s):	<u>11000-363040-111000-083500</u>	<u>100</u> %	Amount \$ <u>\$162,074</u>
Account Number(s):	_____	_____ %	Amount \$ _____

Funding: (check all that apply) [x] 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:

 1. Requesting Manager Signature	<u>11/24/2025</u> Date	 4. Human Resources Signature	<u>12/4/25</u> Date
 2. Division Vice President Signature	<u>11/25/25</u> Date	5. Vice President, Human Resources	_____ Date
3. Chief Budget/Compliance Signature	_____ Date		

[] Funding available [] Funding not available Position Number: _____ Contract Number: _____

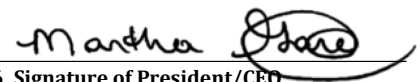
Comments: _____

Reviewed by President's Cabinet, the following action was taken on the above request:

[x] Approved to fill immediately [] Denied [] Modified

If position does not have funding, provide funding directions: _____

Rationale: _____


6. Signature of President/CEO
February 17, 2026
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	TOTAL SALARY & BENEFITS	
												311000 STRS	335000 MEDI	341000 CIL	351000 SUJ	361000 W/C			
Estimated Benefit Rates for 2025-26													19.100%	1.450%	Varies	0.05%	1.380%		

FY 25-26

FA175	FA	Professor - 175 days 10 mths Col 2 Stp 7	1.00	2	7	10	11000	XXXXXX	111000	XXXXXX	1100	100%	115,837	22,125	1,680	20,776	58	1,599	46,237	162,074
-------	----	---	------	---	---	----	-------	--------	--------	--------	------	------	---------	--------	-------	--------	----	-------	--------	---------

KINESIOLOGY, ATHLETICS & DANCE DIVISION

DEAN/ATHLETICS DIRECTOR

ASSOCIATE DEAN/ASSOCIATE ATHLETICS DIRECTOR

