Clear Form

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: Professor of Counseling (Position #3)

Department: Counseling Department

Division: Student Services

Months per Year: ☐ 10 months ☑ 11 months ☐ 12 months

#Days per Year: ☐ 175 ☑ 195 ☐ 210 ☐ Other: _____

☑ Funded: FA9947

Former Employee (if applicable): _____

☑ Newly Funded Position Fiscal Year 26-27

☑ Tenure Track

☐ Temporary Faculty (one year)

Part of the 5 Additional Faculty Positions Approved AMAC Faculty Prioritization 5/12/26 PC Meeting

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

Background and Rationale (use back of form if additional space is needed):
With the growing demand on Counselors to address multiple legislative changes, this position will focus on stu plans, transfer and completion, and retention efforts.

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): 11000-510000-123000-631000-1200 100 **%** **Amount $** 178,223
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:

Lina Soto — 05/21/2026 Date
1. Requesting Manager Signature

Melba Castro — 5/21/2026 Date
2. Division Vice President Signature

_____ _____ Date
3. Chief Budget/Compliance Signature

Stacy Manfredi TDH — 5/21/26 Date
4. Human Resources Signature

_____ _____ Date
5. Vice President, Human Resources

☐ **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 ☐ Modified

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

Rationale: _____

Martha Core — 6/26/2026 Date
6. Signature of President/CEO