**Non-faculty**

**Hiring Review Justification Form**

**Instructions**

This form is to be used by all departments that are requesting to fill a vacant position or create a new position. It is imperative that questions are answered with as much detailed information as possible to support the request. An updated job description must accompany this form.

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| Department: |  |
| Position Title: |  |
| Prior Incumbent: |  |
| ☐ F/T ☐ P/T 25 hrs/wk |  |

**Justification**

1. Is the position immediately critical to meeting/sustaining accreditation requirements? ☐ Yes ☐ No
2. Is the position critical to fulfilling the department’s core mission and/or strategic plan initiative? ☐ Yes ☐ No
3. If the position is not filled, does it create a safety concern or compliance issue? ☐ Yes ☐ No
4. Can filling the position be delayed? ☐ Yes ☐ No

If “yes”, until when?       If no, describe why this position must be filled immediately.

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1. How will the position be funded? ☐ New Funding \_\_\_\_\_\_\_(indicate budget source) ☐ Existing Line

☐ Reallocated Funds (provide details and budget sources) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. What salary are you requesting for the replacement? (include justification)

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1. What would be the impact to the department or division if the position is not filled (i.e. describe impact within the department and if applicable, within the University)?

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1. Can the duties of this position be reassigned to other staff within the department or division? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. If this position has been vacant more than one month, please explain how the work has been accomplished. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. If this is a newly created position, why is this position being created at this time?

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| Requestor Name | Signature | Date: |
| Executive Leadership Agreement | Signature | Date: |

Requestor: Do not complete this section.

Human Resources Recommendations/Comments/Surveys used:

Budget Comments (for availability & source of funds):

|  |  |  |
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| Human Resources Approval | Signature | Date: |
| Budget Approval | Signature | Date |
| Final Approval | Signature | Date: |