

## Position Justification Form

Position Title:			Position #:			
Position Classification:	Professional	Classified				
Division:			Departmen	t:		
Supervisor:			Phone:			
Executive Team Member:			Date:			
				mm/dd/yyyy		
A December Decision						
A. Reason for Reques	Į.					
New Position Repla	cement When v	acated: mm/dd/yyy	ry			
Employee Being Replaced:						
Reason for Vacancy:						
Is this position required as part of program accreditation? Yes No  Please attach accreditation standards that state position requirements.						
Can the requirement be met by alternative (multiple adjunct, part-time, etc.) positions?  Yes  No						
B. Funding						
How is the position being funded If other, please explain.	d? CUF I	Discretionary	Grant	Other		
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Is identified funding coming from	ı an eliminated positior	n? Yes	No			
Eliminated Title			Date elimin	ated:		
			שמני כוווווווו	ulou.		

mm/dd/yyyy

## C. Justification for Requested Action

Based on your priorities, what steps have you taken to evaluate the str workload is covered in the most efficient and effective way possible?	ucture of the departr	ment to ensure the
What processes or procedures have you examined and/or identified tha automated or streamlined?	at can be or have be	en eliminated,
How many similar positions do you have in the department - division?		
How have you covered this vacancy / need? Overtime  Please include statistics of overtime costs / temporary costs that have been incurred.	Temporary	Other (Please Explain)
Can the work be done at less than full time? Explain why or why not.  (e.g., reduced workload, less than 40-hour week, 10-month work year)		

What certifications, legal requirements, union etc are required that does not allow this work to be done by a student, part-time or temp staff?
Provide data, statistics, and/or ratios to support this request: (e.g. support staff to manager; hours per student day, cost per unit of services)
List the alternatives that have been considered in the decision to replace/fill this position and why they will not work: e.g. position re-design or re-distribution of tasks, why this work cannot be done by either existing staff, reduced full-time equivalent (FTE) or through technology rather than by replacing or creating this position.)
Impact of not filling the position?  For example, describe the position's impact on the financial status by increasing revenue and/or reducing operating expenses.  What project/work will be in jeopardy of non completion if position is not filled (be specific)
Describe any legal or other mandates associated with the duties of this position (ie grant requirements, accreditation, etc.)

How might this po	osition be filled at a different le	Vel? For example,	Manager instead of L	Director? Please explain:		
Explain how filling	this position or changing the	duties will stren	gthen the depart	tment?		
How does filling th and the mission of	nis position in the proposed ma f the Great Falls College MSU	anner complem ?	ent existing strat	egic plans (short & long term)		
Why should this p	position be filled at this time?					
Please provide or attach any available statistical data (internally/externally) that you believe demonstrates or supports your request.						
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D. Decision	This continue to be		4.5.4.6.4	<b></b>		
^	This section to be			ream.		
P	Approved Denied	Da	ate:	mm/dd/yyyy		
Reason:						