

Rhode Island College
Workforce Planning Advisory Committee
Position Request Form - Staff

Instructions: Please answer all questions below and attach an organizational chart. Please complete a separate form for each position being requested. Forward completed form to WPAC Chair.

Position Title: _____
Department: _____
Grade _____ #FTE needed _____
Name of Last Incumbent (if applicable) _____
Reason Incumbent left: _____ Position Number _____
Are funds budgeted for this position? YES ___ NO ___ Reallocate _____
Anticipated Annual Salary: _____ Anticipated Vacancy Date: _____
Please check all that apply:
New* _____ Existing _____ Upgrade* _____ Downgrade* _____
Full-time _____ Part-time _____ 12 month _____ Academic Year _____
Continuing _____ Grant funded _____ Temporary (no FTE) _____
Union _____ (which union? _____) Non-union _____
(*New or modified job descriptions, if approved, may require further review and approval through the Office of Postsecondary Council Personnel Review Committee (PRC))

The following may be entered below or attached separately:
Summary of Primary Job duties and Responsibilities

Justification for Filling Position (Include reason for any proposed upgrade/downgrade and a statement regarding efforts to explore and identify alternate ways to fill the need - ie, existing staff, technology, operational efficiencies, collaboration with others, etc.):

Impact on Department if position were not filled:

Signature of Division Vice President

Date