Hiring Review Justification Form

Instructions
This form is to be used by all departments that are requesting to fill a newly created or vacant position. It is imperative that questions 6-9 are answered in narrative format with as much detailed information as possible to support the request.

| Division: | 
| Department: |
| Position Title: |
| Position Number: |
| Prior Incumbent: |
| □ F/T |
| □ P/T Hrs/Week | Salary Grade (Admin & Staff only): |

Justification
1. Is the position immediately critical to meeting/sustaining accreditation requirements? □ Yes □ No
2. Is the position immediately critical to fulfilling the department’s core mission? □ Yes □ No
3. Can filling the position be delayed? □ Yes □ No
   If “yes”, until when?
4. Is there departmental funding available for this position? □ Yes □ No
   How will the position be funded? □ New Funding □ Existing Line □ Reallocated Funds
5. If the position is not filled, does it create a safety concern or compliance issue? □ Yes □ No
6. Describe the essential duties/functions of the position and why this position must be filled immediately.

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

8. If applicable, explain how the duties of this position could be handled or reassigned to other staff within the department or division.

9. How long has the position been vacant? (If more than one month, please explain how the work has been accomplished.)

Signatures (Print Name and Sign)  Date

Requested by:  
Vice President:

For Committee Use Only:  Approved □  Disapproved □  Date