Department/Office:

1. Position status (check one)

[ ]  New

[ ]  Replacement for existing position.

 If replacement, provide name, rank/position, and salary current/last incumbent:

1. Rank/Title of requested position:
2. Position # (if existing position):
3. Category:

[ ]  Faculty (if checked, indicate tenure status) [ ]  Administrative staff Faculty tenure status (check one):

[ ]  Tenured/tenure track

 [ ]  0.8 Appointment

 [ ]  1.0 Technical faculty

1. Rationale for position, including a review of credit hour activity and workload analysis (please attach for faculty positions) and a **brief narrative of how the position contributes to advancing the University’s Mission and Strategic Plan**. Where relevant, please also discuss how the position will help its program grow, either in terms of enrollment or in the way it can serve the educational needs of students.

Rationale and support for faculty position requests should include the following:

* 1. Productivity measures

# of declared majors over five years

# of declared minors over five years

# of degrees awarded during the most recent five academic years

# of essential learning credit hours taught Total Credit hour activity (in annual data)

* 1. Workload analysis: # of course credit hours and associated course credit hours/year by: FT T/TT faculty; .8 faculty; lecturers (in annual data)

FTES: FTEF (in annual data)

1. Start date (month/year):

If previously vacant, has the position been used to support a temporary appointment? [ ]  Yes [ ]  No

1. Appointment length (check one): [ ]  9 month [ ]  12 month
2. Estimated salary (excluding benefits):
3. Source of funding if new position:

100% General Fund: Org #:

[fill in, if applicable]% Sponsored Program/Grant/BOCES: Org #: [fill in, if applicable]

[fill in, if applicable]% Other: [fill in, if applicable]

1. If applicable, list courses expected to be taught (course number, title, credits, projected average enrollment), **as well as any anticipated leadership and/or service activities:**
2. Additional requirements, if applicable, with justification:
3. Do you have sufficient office space to accommodate this faculty request? [ ]  Yes [ ]  No

Department Head/Unit Head: Date:

|  |  |  |  |
| --- | --- | --- | --- |
| Recommendations/Approvals: | Vice President | Date: | Position # |
|  | President | Date: |
|  | Budget Director | Date: |  |