

Academic Staffing Request

Date: _____ Desired Start Dates: FY _____ Fall _____ Spring _____

Please complete a separate form for each requested position.

When completed, submit to the appropriate School Dean.

Requested Position: _____

Position: Future Degree _____ Required Degree Expertise _____

Growth Support _____ GE Support _____

Please provide the following information from Fall 3rd week report.

Student Headcount		Student FTE	
Tenure Track Faculty FTE		Full-time FTE (LD/UD Ratio)	
Full-time FTE (LD/UD Ratio)		On-going Part-time Faculty FTE	
Adjunct Faculty FTE		Instruction by Adjunct Faculty	%
Exempt Staff FTE		Non-Exempt Staff FTE	

Institutional Mission Support Statement: _____

Requested Position's Anticipated Impact on Performance Outcome Measures: _____

Additional Comments: _____

Signatures:

Department Chair: _____ School: _____

Dean: _____