CT STATE
COMMUNITY COLLEGE

FORM #1
REQUEST TO FILL FOR:
FT PERMANENT, FT TEMPORARY,
OR PT PERMANENT POSITIONS

Request #:_____
(To be completed by RFT Coordinator.)

As requestor/hiring manager, the EEO checklist has been reviewed:

_____
Signature

Requesting Institution:_____

Requestor/Hiring Manager:_____

HUMAN RESOURCES INFORMATION

☐ FT Permanent   ☐ FT Temporary   ☐ PT Permanent - Indicate # of hours per week:_____

Position Title:_____   Bargaining Unit:_____

Proposed Grade:_____   Proposed Salary:_____   Proposed Start Date:_____

☐ New Position   ☐ Refill   ☐ New FT EA/Interim   ☐ FT EA Renewal

Is there an approved job description?   ☐ Yes   ☐ No   If no, consult HR.

If refill, provide the following information regarding former employee/position. Do not put EA renewals here.

Former Employee Name:_____   Former Position Title:_____

If FT EA renewal or interim, provide employee name.

Name of EA:_____

Position #:_____
(Provided by HR)

Approved by
HR Generalist or HR Regional Manager:

_____
Signature

FINANCE INFORMATION
(To be completed by Fiduciary or AVP of Finance.)

Position Funding Source:	Index Code	Chartfield 2	%	Type

Is this position funded on the roster in the FY23 spending plan?   ☐ Yes   ☐ No

Approved by
Campus Fiduciary/CT State AVP:

_____
Signature

JUSTIFICATION

Provide justification on how this meets critical organizational need.

IF CAMPUS POSITION
Approved by CEO:

_____
Signature

Approved by VP of Campus Operations:

_____
Signature

IF CT STATE POSITION
Approved by relevant VP:

_____
Signature

FACULTY POSITIONS

Is this request for a faculty position?   ☐ Yes   ☐ No

Approved by Provost:

_____
Signature

FINAL APPROVAL

CT State President:

_____
Signature

CT State CFO:

_____
Signature

Requesting Institution:_____   **Request #:**_____

This request is referred back to the requestor by:_____

The following additional information is needed, or issue should be addressed:

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