

The Alabama Community College System
REQUEST TO FILL POSITION
(Use one form for each position)

Name of Institution: _____

Position to be filled: _____
(attach copy of vacancy/position announcement)

Salary Schedule: _____

Full-time

☐ Part-time

Effective Date: _____

Justification (place a check mark by each item as it applies to this position):

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Resignation | <input type="checkbox"/> Retirement | <input type="checkbox"/> Accreditation Requirements |
| <input type="checkbox"/> Student Services | <input type="checkbox"/> New Position | <input type="checkbox"/> Effective Management of the Instructional Program |
| <input type="checkbox"/> Effective Management of the Institution | <input type="checkbox"/> Other | _____ |

Explanation: _____

By signing below, the President of the institution affirms that funds are available for the position, and that the position will not create financial hardships for the institution.

Requested by: _____

(President's Signature Required)

Date

THIS SECTION TO BE COMPLETED BY DEPARTMENT OF POSTSECONDARY EDUCATION.

It is recommended that the Chancellor (approve/not approve) this position based on the information provided.

Department Staff

Date

APPROVED: Chancellor Date	NOT APPROVED: (see below) Chancellor Date
---	---

Your request to fill this position is not approved at this time for the following reasons:

