

Critical Hire Justification Form

This form should be completed with all departmental approvals prior to submitting to HR for processing (job posting, reclassification, promotion, etc.).

Department and Contact Information				
Department:				
Submission Date:	Email Address:			
Submitted by:	Contact Number:			
Position Data				
□Vacant Position □ New Position □ Reclassification or Promotion				
Is this a resubmission? □ Yes □ No				
Department:	Department Number:			
Position Number:	Position Budget:			
Position Title:	Previous Incumbent (name):			
Date position became vacant:	Previous Incumbent Salary:			
Proposed Title (if reclassification only):				
Fund Source:5-digit code:	7-digit department code:			

HR	
Anticipated Salary:	

1.Please provide a narrative of the role and need for continuance.

2.When was this position last reviewed, changed, or restructured? Please include any recent promotions or reclassifications that may be associated with this position.

3.What other alternatives or organization strategies have been considered?

4.Is this position being reclassified to consolidate duties from a vacant position for salary savings? If so, please identify position(s) and cost savings.

Approvals		
Department Head/Director		Date:
Dean/Vice President		Date:
Human Resources		Date:
Chief Business Officer		Date:
President		Date: