PBAR No: **Date Received:**

SANTA MONICA COLLEGE	FISCAL SERVICES BUDGET OFFICE	PERSONNEL & BUDGET AUGMENTATION REQUEST FORM
		FY _____ ☐ ADOPTED BUDGET ☐ MID-YEAR

PURPOSE OF THIS FORM

The Personnel & Budget Augmentation Request (PBAR) Form is used for the following:

● *To request an augmentation to an Unrestricted Fund (Fund 01.0) departmental budget*

● *To request additional non-faculty personnel, both full-time and temporary, in both the Unrestricted (Fund 01.0) and Restricted (01.3) Funds*

Expenditures related to a PBAR request cannot be incurred prior to the approval of the PBAR by the President/Superintendent. Any department that incurs expenditures prior to having the PBAR approved will have to absorb the expenditure within the department's existing budget.

For requests of personnel, both permanent and temporary, the PBAR Form must be completed **and** approved prior to an employee request being entered into ISIS approval system, even if the department or grant has an established budget for the position.

All PBAR Forms completed and approved by the area Vice -President are to be submitted directly to Fiscal Services c/o the Budget Office.

All requests will be reviewed and prioritized by Senior Staff and presented to the Budget Committee and to the District Planning and Advisory Council as part of the annual and quarterly budget updates. In order to assess the effectiveness of an augmentation, the department who receives additional funding may be required to report on its use at the end of year.

GENERAL INFORMATION

Department Name: _____

Name and Title of Requestor: _____   **Ext No.:** _____

Signature of Vice President: _____   **Date:** _____

PERSONNEL & BUDGET REQUEST INFORMATION

☐ **Immediate Need** (Mission Critical Request)   ☐ **Rate Driven** (Beyond control of the dept.)

☐ **New Augmentation**   ☐ **One-time**   ☐ **Ongoing till:** _____

☐ **Unrestricted (01.0)**   ☐ **Restricted (01.3) - No Augmentation Needed**

Signature of the Program Manager is required if the PBAR is for a Restricted (01.3) Grant/Program: _____

Summary of Request

CATYR	Loc #	Object	Activity	Amount	Brief Description	Ongoing	One-Time
				$			
				$			
				$			
				$			
				$			
				$			

TOTAL BUDGET AUGMENTATION REQUESTED : $ _____

AUTHORIZATION:

Circle Priority Rank (with A as the Highest Priority) :   A   B   C   D

PERSONNEL REQUEST	NON-PERSONNEL REQUEST
Approved by Senior Staff:	**Approved by Senior Staff:**
☐ **Approved**	☐ **Approved**
☐ **Denied**	☐ **Denied**

PERSONNEL REQUEST

	DATE	INITIAL	
Initialed by:			Supt/Pres
			VP-HR
			VP-BA

NON-PERSONNEL REQUEST

	DATE	INITIAL	
Initialed by:			VP-Bus Adm

NAME OF REQUESTING DEPARTMENT:

PERSONNEL RELATED REQUEST   ☐ Permanent   ☐ Limited   ☐ Non-Merit

POSITION/TITLE:

NUMBER OF POSITIONS:

TOTAL HOURS PER WEEK PER POSITION:

EXPECTED COST PER POSITION: SALARY $ BENEFITS $ Total $

EST. TOTAL SALARY AND BENEFITS FOR ALL POSITIONS: $

PERMANENT (estimate benefits at 35% of salary)

- ☐ **Establish New Position**
- ☐ **Replace a Vacancy**   Enter date position was vacated: _____
- ☐ **Increase in Hours or Assignment**   ☐ **Decrease in Hours or Assignment**
- ☐ **40 Hours Per Week**   ☐ **20 Hours Per Week**   **Other:** _____
- ☐ **12 Month**   ☐ **11 Month**   ☐ **10 Month**   **Other:** _____
- ☐ **Monday - Friday**   ☐ **8:00 am - 5:00 pm**   ☐ **Other:** _____
- ☐ **Shift Differential:**   ☐ Night Shift 1/Swing Shift (5%)   ☐ Weekend (5%)   ☐ Graveyard (10%)
- ☐ **Variable Hours (5%)**   **Schedule:** _____
- ☐ **Bilingual:**   ☐ Speak ($25.00/mo.)   ☐ Speak/Read/Write ($35.00/mo.)

TEMPORARY/NON-MERIT

Projected Dates	Start	End	**or**	Term	Summer	Fall	Winter	Spring
				No. of Positions				

- ☐ **Backfill a Vacancy**   Enter date position was vacated: _____
- ☐ **Substitute for an Employee on Leave**
- ☐ **Increased Workload Due to Special Projects or Other**

PERSONNEL RELATED REQUEST   ☐ Permanent   ☐ Limited   ☐ Non-Merit

POSITION/TITLE:

NUMBER OF POSITIONS:

TOTAL HOURS PER WEEK PER POSITION:

EXPECTED COST PER POSITION: SALARY $ BENEFITS $ Total $

EST. TOTAL SALARY AND BENEFITS FOR ALL POSITIONS: $

PERMANENT (estimate benefits at 35% of salary)

- ☐ **Establish New Position**
- ☐ **Replace a Vacancy**   Enter date position was vacated: _____
- ☐ **Increase in Hours or Assignment**   ☐ **Decrease in Hours or Assignment**
- ☐ **40 Hours Per Week**   ☐ **20 Hours Per Week**   **Other:** _____
- ☐ **12 Month**   ☐ **11 Month**   ☐ **10 Month**   **Other:** _____
- ☐ **Monday - Friday**   ☐ **8:00 am - 5:00 pm**   ☐ **Other:** _____
- ☐ **Shift Differential:**   ☐ Night Shift 1/Swing Shift (5%)   ☐ Weekend (5%)   ☐ Graveyard (10%)
- ☐ **Variable Hours (5%)**   **Schedule:** _____
- ☐ **Bilingual:**   ☐ Speak ($25.00/mo.)   ☐ Speak/Read/Write ($35.00/mo.)

TEMPORARY/NON-MERIT

Projected Dates	Start	End	**or**	Term	Summer	Fall	Winter	Spring
				No. of Positions				

- ☐ **Backfill a Vacancy**   Enter date position was vacated: _____
- ☐ **Substitute for an Employee on Leave**
- ☐ **Increased Workload Due to Special Projects or Other**

OVERTIME REQUEST

POSITION/TITLE:

TOTAL NUMBER OF HOURS OF OVERTIME:

PROJECTED TOTAL SALARY COST (without benefits): $

NAME OF REQUESTING DEPARTMENT: _____

JUSTIFICATION FOR REQUEST

Please describe the request in detail, explain the justification for the request, describe what this request will accomplish if funded and specifically describe how this request aligns with Board policy; the College's vision, mission, goals, and institutional objectives; the Educational Master Plan; the Facilities Master Plan; the Technology Master Plan; District Initiatives; State and/or Federal mandates; the department's program review, health and safety concerns, grant agreements and/or accreditation standards. Please attach documentation supporting your justification (i.e. If the request aligns with Educational Master Plan objective #12, please describe how and include a copy of objective #12. If the request is due to an increase in a contract that had not been previously budgeted include the pertinent section of the contract showing the year to year increase) . Please attach additional page(s) if you need more space.

OTHER RELEVANT INFORMATION

List other relevant information not stated above.

Personnel and Budget Augmentation Form Instructions

Instructions for Completing the Form

General Information Section

This section is used to identify the department manager or administrator making the request for budget augmentation. This section also serves as the place where the Vice President of the division approves the request to be submitted to Senior Staff.

Personnel & Budget Request Information Section

This section is used to identify the type of personnel and/or budget request. This section should be completed for both personnel and non-personnel requests. Check all options that apply to the request. Available options include:

Immediate Need: *Check this box only when the denial of the request would result in a severe disruption to a program, department or operation.*

Rate Driven: *Check this box only when an increase is needed to cover rate driven increases in contracts, utilities or other items that are outside the control of the department. This option is only for increases that are a result of a current contractual obligation. If the increase is due to a renewal of a contract that has/is expired, please check the New Augmentation box not the Rate Driven box.*

New Augmentation: *Check this box for all other requests that are not defined as immediate need or rate driven.*

One-Time *Check this box only when the requested funding is for the current year only. Temporary personnel requests and overtime requests are always considered one-time and funding will not carry over year to year.*

Ongoing Till: *Check this box only when the funding will need to be continued into future budget years. The requestor must also identify an end date for the funding. If the funding is needed indefinitely, please insert "indefinitely" into this section.*

Unrestricted (01.0): *Check this box only when the personnel or funding request will affect the Unrestricted General Fund. (01.0)*

Restricted (01.3): *Check this box only when the personnel request will affect the Restricted General Fund. (01.3). Fund 01.3 requests are limited to personnel requests, both permanent and temporary, and the grant or restricted program must already a budget in place.*

NOTE: Requests may require the checking of multiple boxes. For example the request may be for a project that contains ongoing requests (E.g. personnel) and one-time requests. (E.g. Supplies)

In the Personnel & Budget Request Information Section, identify the account string(s) that will be affected by this request, the amount of the effect and whether the funding for that account string is one-time or ongoing. If the request results in an account line being affected by both one-time and ongoing funding, please separate the account string into two lines; one for the one-time portion and one for the ongoing portion.

Personnel Related Request Section

This section is to be completed whenever a request is related to permanent or temporary personnel. The requestor needs to complete the following:

Position/Title: *Enter the title of the position requested.*

Number of Positions: *Enter the number of positions you are requesting that have the same work requirements. For example, if the request is for 3 Instructional Assistants who will all work the same hours, share the same start and end date, etc. enter 3.*

Total Hours Per Week Per Position: *Enter the projected total hours per week per position requested. For example, if the request is for 3 Instructional Assistants to work 40 hours per week each, enter 40 hours in this box.*

Expected Cost Per Position:	*Enter the projected salary and benefit cost per position. For positions that have a stepped salary schedule, assume the position will start at the second step. For example, if the request is for 3 permanent Instructional Assistants and the second step salary for an Instructional Assistant is $40,000, enter $40,000 in the salary box, $14,000 in the Benefits box and $54,000 in the Total box.*
Est. Total Salary and Benefits For All Position:	*Enter the estimated total salary and benefit cost for all position. For example, if the request is for 3 permanent Instructional Assistants, such as in the example above, enter $162,000 in this box. ($54,000 times 3 positions)*
Permanent Section:	*Complete this section only if the position requested is a permanent position. All applicable boxes should be checked. If Variable Hours or Shift Differential is checked, please indicate the schedule. If any Other box is checked, please provide explanation on the line adjacent to the box.*
Temporary or Non-Merit Section:	*Complete this section only if the position requested is for a temporary or non-merit position. All applicable boxes should be checked. If the Backfill a Vacancy is checked, please enter the date the vacancy occurred. The projected Start and End date also needs to be completed.*

Overtime Request Section

This section is to be completed whenever an augmentation request is for Overtime. All sections must be completed.

Justification for Request Section

In this section, describe the request in detail, explain the justification for the request, describe what this request will accomplish if funded and specifically describe how this request aligns with Board policy; the College's vision, mission, goals, and institutional objectives; the Educational Master Plan; the Facilities Master Plan; the Technology Master Plan; District Initiatives; State and/or Federal mandates; the department's program review, health and safety concerns, grant agreements and/or accreditation standards. Please attach documentation supporting your justification (i.e. If the request aligns with Educational Master Plan objective #12, please describe how and include a copy of objective #12. If the request is due to an increase in a contract that had not been previously budgeted include the pertinent section of the contract showing the year to year increase.)

This section is to give the requestor an opportunity to provide any additional information that would be pertinent to the request.
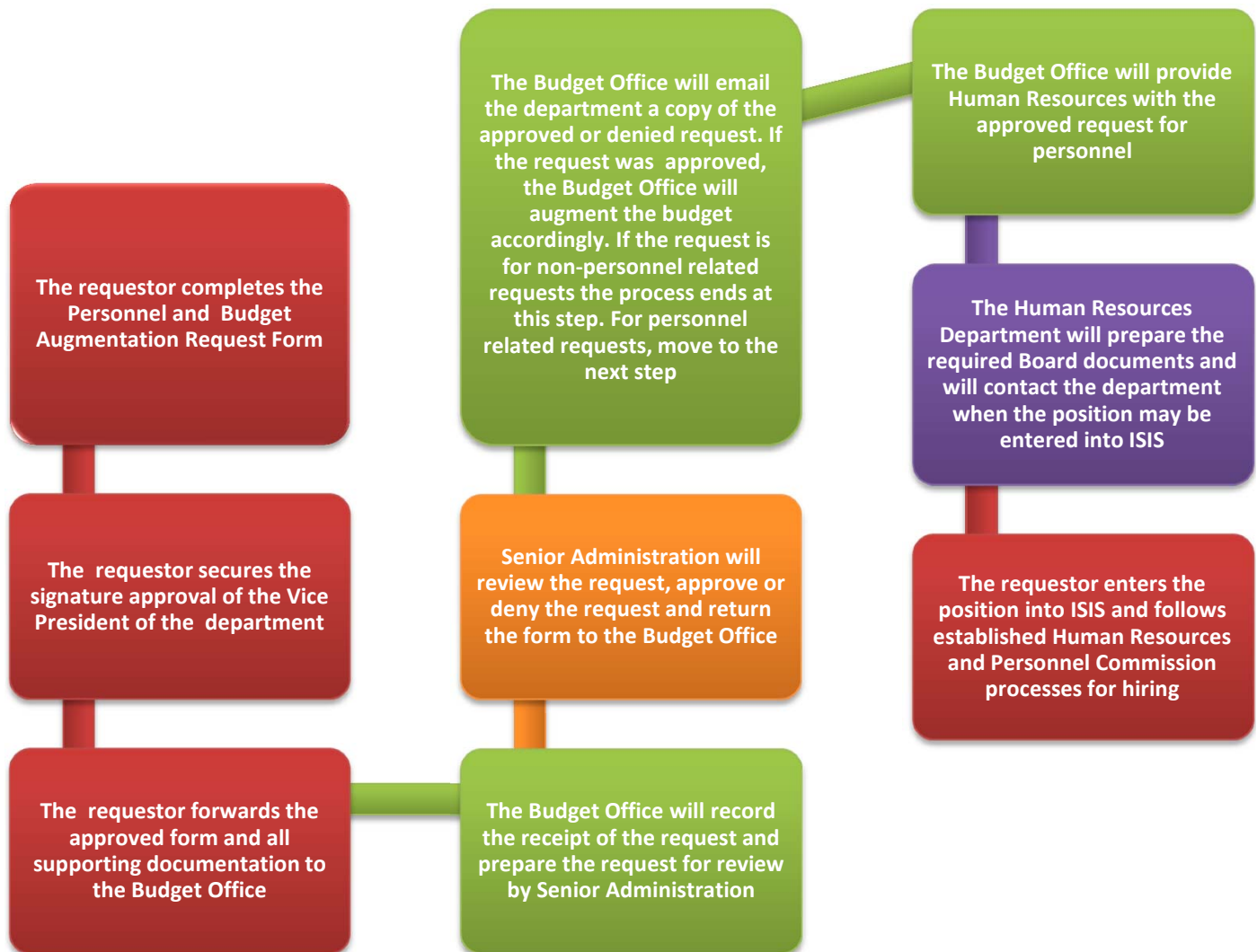**If the request contains a request for personnel, permanent or temporary,** *it is recommended that the requestor uses this section to detail the specifics of the request and its possible effect on the department or District. For example, if the request is for a temporary backfill of a Buyer II position and the requestor believes that the position would be backfilled by the employee currently acting as a Buyer I, which in turn would cause a need for a backfill of that position, please include that information in this section.*

Supporting Documentation
It is strongly recommended that the requestor include as much supporting documentation to the request as possible. Requests with little supporting documentation and linkage to a District planning document will not be as successful as requests that provide substantial supporting documentation and demonstrate a strong link to District planning documents.

Process

Below is a workflow that describes the process and steps related to the Personnel & Budget Augmentation Request Form.

The requestor completes the Personnel and Budget Augmentation Request Form

The requestor secures the signature approval of the Vice President of the department

The requestor forwards the approved form and all supporting documentation to the Budget Office

The Budget Office will record the receipt of the request and prepare the request for review by Senior Administration

Senior Administration will review the request, approve or deny the request and return the form to the Budget Office

The Budget Office will email the department a copy of the approved or denied request. If the request was approved, the Budget Office will augment the budget accordingly. If the request is for non-personnel related requests the process ends at this step. For personnel related requests, move to the next step

The Budget Office will provide Human Resources with the approved request for personnel

The Human Resources Department will prepare the required Board documents and will contact the department when the position may be entered into ISIS

The requestor enters the position into ISIS and follows established Human Resources and Personnel Commission processes for hiring

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