

PERSONNEL AND BUDGET AUGMENTATION REQUEST

NAME OF REQUESTING DEPARTMENT: _____

PERSONNEL RELATED REQUEST

Permanent

Temporary

Non-Merit

PERMANENT (estimate benefits at 50% of salary) *Submit one PBAR for each position/class title.*

POSITION/CLASS 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: \$ _____

PRIMARY WORK SITE: _____

Establish New Position No. of Months per Year: 11 12

Replace a Vacancy Enter Date Position Was Vacated and By Whom: _____

Increase in Hours or Assignment _____

Work Schedule (if known):

Days	Schedule (From - To)	Hours
Mon		
Tue		
Wed		
Thu		
Fri		
Sat		
Sun		
Total		

Shift Differential (check all that apply):

Swing/Night Shift (5%)

Weekend (5%)

Night Shift 3 (7.5%)

Graveyard (10%)

VH1 (5%)

Bilingual Stipend:

Speak (\$35.00/mo.)

Speak/Read/Write (\$45.00/mo.)

TEMPORARY AND NON-MERIT (estimate benefits at 8% of salary)

When submitting more than one TEMPORARY or NON-MERIT position/class title, please insert additional pages of this section.

POSITION/CLASS 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: \$ _____

PRIMARY WORK SITE: _____ **Total Hours Requested in this PBAR (All Positions):** _____

Projected Dates	Start	End

or

Term	Summer	Fall	Winter	Spring
No. of Positions				

Backfill a Vacancy Enter Date Position Was Vacated and By Whom: _____

Substitute for an Employee on Leave Anticipated Return Date: _____

Increased Workload Due to Special Projects or Other

Extension of Assignment

New Hire?

Candidates Requested (if known) (Please check box for new hire.):		
LAST NAME	FIRST NAME	Max Hours/Week

OVERTIME REQUEST

POSITION/CLASSTITLE: _____

TOTAL NUMBER OF HOURS OF OVERTIME: _____

PROJECTED TOTAL SALARY COST (without benefits): \$ _____

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NAME OF REQUESTING DEPARTMENT: _____

JUSTIFICATION FOR REQUEST - MANDATORY SECTION

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. Requests without proper supporting documentation and linkage to a District planning document will be returned to the requestor.

OTHER RELEVANT INFORMATION

List other relevant information not stated above.

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PERSONNEL HIRING OPTIONS - MANDATORY SECTION

To address the anticipated fiscal and budgetary limitations in District funding, the following options have to be considered before deciding to go out for recruitment. Please explain the factors why any of the following options was not taken.

(a) Leave the position unfilled

(b) Use of temporary employees

(c) Temporary working out of classification

(d) Modify the current position