SUNY CORTLAND

Employment and/or Salary Action Request Form (Revised March 10, 2022)

SUNY Cortland is requiring documentation for all new and replacement positions. This form is to document these actions. Please complete this form with objective supporting commentary and/or data to support your request.

<mark>**Workflow:**</mark>
Director Department/Department Chair
Dean/AVP
Budget -FTE and Budget Impact (budget@cortland.edu)
Vice President – Cabinet Discussion
Human Resources

Action Requested: ☐ New position
☐ Refill vacant position: Replacing _____
☐ Single position   ☐ Multiple positions (e.g. Asst Coaches)

Department:	Division:
Department Head:	Account:

I. Position Details:	
Duration of Position: ☐ Permanent ☐ Temporary from to	
Budget Title/SG or SL:	Campus Title:
Anticipated Salary or estimated total expense, please verify with HR except adjuncts and GA's:	

II. Please select the criteria that justifies this replacement position:

☐ **A: Faculty: Revenue Generating or High Enrollment** - Prioritized if revenue generation is known (i.e. a grant is already identified) or high enrollment demands exist in the academic departments including service coursework
☐ **B: Staff: Health and Safety** - Prioritized based on providing service necessary for health and safety
☐ **C: Staff: Student Facing Experience** - Prioritized in areas that would aid in student retention, recruitment or service
☐ **D: Staff: Managerial/Operational** – Prioritized based on operational and strategic needs of the campus

Please include an explanation as to how this action specifically meets the criteria selected above?

Describe the critical need for this action, including but not limited to, the impact on the university if this action is not taken?

Describe all other possible alternatives that have been explored for fulfilling these responsibilities (reassignment of work to existing staff within your department, division or another campus area, reorganization, reclassification of position, decrease of FTE, eliminate duties, etc.)

Describe the overall impact on FTE, headcount, and/or budget (salary/compensation) this action will have on your unit:

Please identify the office location this position will be located.
(FOR NEW POSITIONS: If there is not existing office space, please contact Facilities)

Will this position need technology purchases to support the work associated with the position? (Department budgets will be used to fund the technology needs for non-faculty positions).

Please route form in order of reviews below.

III. Signatures	Date	Endorse:
Dept Head/Chair:		☐ Yes ☐ No
AVP/Dean:		☐ Yes ☐ No

IV. FTE/HC/Budget Review: Budget Office: (Please forward to Budget@Cortland.edu)		**Does this action result in an increase in FTE, HC, or Budget?** ☐ No ☐ Yes - statement of other actions intended to balance this increase is required prior to Cabinet decision.
V. Cabinet Decision: Vice President or designee:		☐ Approved ☐ Denied Comments:

Distribution: Copies to
☐ VP – to inform requestor of decision - once approved a job posting can be initiated in the ATS
☐ HR
☐ Budget
☐ Hiring Manager

Original: File in President Office