



Position Requisition

Position Title: _____ **Position Control Number:** (HR Office Use) _____

Department: _____ **Salary Grade/Midpoint:** Choose an item. _____

Reason for Request: _____

Position Description is New and has been emailed to hr@imsa.edu. Yes No

Approval Criteria

- | | | |
|---|-----|----|
| 1. Does the position directly impact our mission of teaching and learning? | Yes | No |
| 2. Does the position contribute directly to: | | |
| a. Enrollment growth, student persistence, and/or student success? | Yes | No |
| b. Strategic cultivation of new programs? | Yes | No |
| c. Fundraising and revenue generation? | Yes | No |
| d. Ensuring compliance with applicable laws, policies, and accreditation? | Yes | No |
| e. Ensuring the health and safety of students, faculty and staff? | Yes | No |
| 3. Will delaying the filling of the position hamper fulfillment of our mission? | Yes | No |
| 4. Is there a potential for significant disruption of an essential administrative/support function if the position is not filled? | Yes | No |
| 5. Will a project of significant work be jeopardized if the position is not filled? | Yes | No |
| 6. Will there be a financial impact if the position is not filled (e.g. grant loss, OT)? | Yes | No |
| 7. Have alternative solutions been considered and exhausted? | Yes | No |
| 8. Is this position grant funded? | Yes | No |

Requestor _____ Date: _____

Cabinet Member _____ Date: _____

Lawrence J. Bergie
Chief Operations Officer _____ Date: _____

Traci D. Ellis
Executive Director, Human Resources _____ Date: _____

Additional Information: _____

