**request to fill a critical position**

**Instructions:** *As part of the University of New Mexico’s budget strategy, all position vacancies in units participating in the Scholes Hall Cooperative Staffing Plan were placed on a hiring freeze on December 5, 2014. To request approval to fill a vacancy for a critical position, complete this form and submit to Amy Wohlert, Chair, Scholes Hall Cooperative Steering Committee.*

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| --- | --- | --- | --- | --- | --- |
| **Position Details** | | | | | |
| Level 3 Org Code: | | | Dept. Org Code: | | Department: |
| Position Number: | Position Title: | | | | New Position  Existing Position |
| Position FTE: | Pay Grade: | | | | Budgeted Salary: |
| This Position Reports To:  Name:       Title: | | | | | |
| **Funding Information** | | | | | |
| I&G  Non I&G (unrestricted)  Non I&G (restricted) | | | | | Index and Account:  Index and Account:  Index and Account:  Index and Account:  Index and Account: |
| **Vacancy Information** | | | | | |
| Date of Vacancy: | | | | Proposed Start Date: | |
| Reason for Vacancy: | | | | | |
| **Services Impacted by Vacancy** | | | | | |
| Describe the implications of not filling the vacancy as it relates to:   * Services provided to university customers (internal/external) * Legal or regulatory compliance * Health or safety concerns * Other liability   Considerations:   * Are there opportunities for collaboration with other areas? * Have these been explored? If so, in what ways? | | | | | |
| **Position Duties** | | | | | |
| |  |  |  | | --- | --- | --- | |  | **duty/responsibility** | **% of time** | | 1. |  |  | | 2. |  |  | | 3. |  |  | | 4. |  |  | | 5. |  |  |   In your own words, please describe the primary duties/responsibilities and approximate percentage of time spent on each duty/responsibility that will be performed by this vacancy. Please include an updated organizational chart. | | | | | |
| **Departmental Staffing** | | | | | |
| Number of other vacant positions within the hiring department:  Describe any other departmental staffing concerns: | | | | | |
| **Justifications for the Position** | | | | | |
| Provide any other information that should be considered in evaluating this request: | | | | | |
| **Contact Information** | | | | | |
| Name: | | Phone: | | | Email: |

***NOTE: Additional information may be required upon receipt and review of this form.***

The signature below indicates that the undersigned has reviewed the information included on this form accurately reflects the need to fill the vacant position.

VP/Director Level Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by President, Exec VP or Provost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return completed and signed form to:**

Amy Wohlert

Chair, Scholes Hall Cooperative

Scholes Hall, Suite 144

MSC05 3300  
Albuquerque, NM 87131  
  
**Phone: (505) 277-2626**