

Critical Hire Process and Justification Template

Instructions:

Department Action: Please complete the Position Data and Justification Narrative sections. Send the **Critical Hire** form to the Human Resources email at HRASU@asurams.edu

HR Action: HR will submit the completed **Critical Hire** form for review and approval to the following: President, Chief Business Officer, and USG.

Processing Timeline for USG: Critical Hire forms submitted by close of business on Monday will have a response by Friday at 5 pm the same week; however, **Critical Hire** forms submitted after Monday may require additional processing time. Once HR receives a response from USG, an email will be sent to the requesting department.

Institution and Contact Information

Institution Name: Albany State University	
Submitted by (name): Miriam Jackson	Email Address: miriam.jackson@asurams.edu
Contact Number: (229) 500-2026	

Position Data

<input type="checkbox"/> Vacant Position <input type="checkbox"/> New Position <input type="checkbox"/> Reclassification or Promotion			
Department:		Position Number:	
Position Title:		Position Budget:	
Date position became vacant:		Classification Title:	
Current or Previous Incumbent (name):		Current or Previous Incumbent Salary:	
Pay Grade/Range for Position <i>For HR use only</i>	Minimum	Midpoint	Maximum
Anticipated Salary:	If the anticipated salary will be above \$100k, please provide an explanation:		
Fund Source:			

Position Title: _____

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Position Data - continued

<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Regular <input type="checkbox"/> Limited Term	
Position Fully Funded For Current FY: <input type="checkbox"/> Yes <input type="checkbox"/> No	Position Funding Account #:
Position BCAT Code: <i>For HR use only</i>	Pay Group: <i>For Budget use only</i>
Position Type: <input type="checkbox"/> Staff <input type="checkbox"/> Faculty	FLSA Status: <input type="checkbox"/> Non-Exempt (Hourly) <input type="checkbox"/> Exempt (Salaried)

Justification Narrative:

Please provide a narrative of the role and need for a continuance.

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When was this position last reviewed, changed, or restructured? Please include any recent promotions or reclassifications that may be associated with this position.

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Position Title: _____

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Justification Narrative continued:

What other alternatives or organization strategies have been considered?

Describe the impact to the department and the institution if the position is filled.

If this position is not filled, how will the institution perform the responsibilities and duties of the position?

Position Title: _____

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Justification Narrative continued:

Outline any financial or other consequences, if there are any, which might adversely affect the institution if the position is not approved.

Is this position needed to meet any of the following: accreditation standards, regulatory compliance standards, contractual/legal obligations, health or safety needs? If any of these apply, please provide a high-level summary of the specific need met.

Position Title: _____

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Management Signature Approvals:

Hiring Manager

Hiring Manager Name: _____

Hiring Manager Title: _____

Hiring Department: _____

Date: _____

Management Attestation:

I approve this recommendation and request that the Strategic Hire Team review and approve the proposal for the position indicated:

Department Head/Chair: _____ Date _____

Dean: _____ Date _____

Vice President: _____ Date _____

Budget Signature Approvals:

	<u>Signature</u>	<u>Approve</u>	<u>Reject</u>	<u>Date</u>
Budget Director	_____	_____	_____	_____
Title III	_____	_____	_____	_____
VP of Administration and Fiscal Affairs	_____	_____	_____	_____

Additional Signature Approvals Required for Positions With Salaries Greater than \$40,000. Note – HR will submit the completed Critical Hire Form for review and signature approval to the following: President, Chief Business Officer, & USG.

The signed form must be uploaded to the survey tool with the request. This request will not be accepted or considered without the signed form.

Chief Business Officer: _____ Date: _____

President: _____ Date: _____