

UCSB Administrative Services Division: Hiring Request Form

Department: _____ OACIS Submitter e-mail: _____

Department Code: _____ New Position Filling Vacant Position Position #: _____

If New Position, is it included in the current fiscal year budget? Yes No

If Filling Vacant Position, provide previous employee's name: _____

Career Limited Contract Other: _____

Recruitment: External Internal Other: _____

Position Working Title: _____

Job Code: _____ Job Title: _____

Exempt Non-Exempt Bargaining Unit (e.g., CX, SX, TX, K8): _____

Advertised Salary Range: \$_____ to \$_____ FTE: _____ CT Grade: _____

Estimated Benefits Costs (use CBR Rate Tables*): \$_____ Midpt. of CT Grade: \$_____

Other Costs (e.g., supplies, equipment, furniture, computer, tools, vehicle); add explanation below: \$_____

Provide a statement of department, division, and/or campus need for this position (substantiate with as much data as possible; for example, describe new or existing program(s), cite regulatory compliance requirements, or provide evidence of workload; use reverse side or add attachments as necessary):

Funding:

Permanent One-Time If One-Time, after funding is exhausted, will Position continue? Yes No

If yes, please describe additional funding source(s) and provide explanation:

_____% time – loc-account-fund: 8-_____
_____% time – loc-account-fund: 8-_____ (2nd fund source, if Position is split funded)

Approvals:

Director: _____ Date: _____

Chief Financial Officer: _____ Date: _____

Associate Vice Chancellor: _____ Date: _____

Vice Chancellor: _____ Date: _____

* CBR Rate Tables: <http://bap.ucsb.edu/budget/composite.benefit.rates/rate.tables/>

continued statement of department, division, and/or campus need for this position: