**SHORELINE COMMUNITY COLLEGE**

**Hiring Criteria Form**

**DIRECTIONS**

* Position supervisor (or designee) provides response to all questions below.
* Submit with the completed [personnel requisition form](https://www.shoreline.edu/intranet/Grant-Manual/Personnel-Requisition-Form-Rev-11.2023.docx) to [sccbudget@shoreline.edu](mailto:sccbudget@shoreline.edu)
* NOTE: ET will notify the position supervisor, Budget Office, and HR of the decision made.

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| Requestor Name |  | Date of Request |  |
| Requestor Title |  | Position Supervisor |  |
| Position Title |  | Position FTE % |  |
| Appointment Type | \_\_\_ PERM \_\_\_ TEMP | Position Type |  |

1. **Is this position necessary for compliance with legal, contractual, regulatory provisions or accreditation standards?**

**If yes, provide the legal, contractual, regulatory, or accreditation requirement reference information.**

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| ANSWER: |

1. **Does the position directly support an aspect of the** [**President’s Goals**](https://www.shoreline.edu/about-shoreline/Outcomes_2023.pdf)**? If yes, identify the specific goal and describe how this position directly supports it.**

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| ANSWER: |

1. **Are there other requirements (not listed above) which support the need for this position to be filled?**

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| ANSWER: |

1. **Could the work assigned to this requested position be distributed amongst capacity within existing unit employees? If not, why not?**

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| ANSWER: |

1. **Are there similar positions at the campus that are already doing this work?  If so, why does this position need to continue?**

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| ANSWER: |

1. **If this position is not filled, what is the impact to the program/area? Please include whether work would be re-assigned, prioritized differently, and/or discontinued in your response**.

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| ANSWER: |

1. **Is the funding behind this position earmarked for a specific use? If so, please describe with the specific language regarding how the funds can be used.**

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| ANSWER: |

1. **What data and information sources were used in answering the above questions?**

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| ANSWER: |

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| **ET Approval Date** |  | **ET Decision:** |  |