Lafayette College
STAFF ADDITION/REPLACEMENT REQUEST

REQUESTOR:

Name: 
Title: 
Type of Request: □ Replacement  □ Addition

Current Position Title: 
Current FTE: 
Vacated By: 

Proposed Position Title if Different: 
Proposed FTE if Different:
Proposed Hourly Rate or Salary if Different:

Please complete the relevant questions based on the type of request.

Permanent or Transitional Position (transitional approved for 3 years or less):
Is external funding or new revenue possible to fund this position? □ YES □ NO
If yes, please estimate the dollar amount and list the source:

BUDGET IMPLICATIONS/START UP COSTS:
Is office space currently available and furnished?
Physical location for requested position:
If space is not currently available, provide details for creating, constructing, renovating, and furnishing space for this
added position:
Technology needs:
Laboratory needs:

Description of Duties:

Requirements:

Please substantiate the business purpose for the requested position by providing the following:

• Services to be provided by the position:

• Will the position fill a current need or is the position part of a plan for future growth?

If the position is not approved, how would you reconfigure or reallocate the tasks within the division?

Describe how the position relates to or advances the College’s strategic direction:

Current organizational chart for the division attached.
Organizational chart with proposed changes attached.

Requestor’s Signature: ____________________________ Date: ____________________________
Division Head's Comments:

Division Head's Signature: ___________________________ Date: ___________________________

HUMAN RESOURCES:

Employee Class for Proposed Position: __________________________
Hay Grade/Salary Level for Proposed Position: ______ Position #, if replacement:

CUPA Survey: ______ Equivalent CUPA Position #:
Equivalent CUPA Survey Position Title:

Compdata Survey Position #: __________________________ Compdata Survey Position Title:

IPEDS SOC #: __________________________ Detailed SOC Code #: __________________________
Detailed SOC Title:

Salary Survey Data

Lisa Youngkin Rex, Director Human Resources/Employment:

Signature: ___________________________ Date: ___________________________

Hourly rate or salary requested by division head after discussion with Human Resources:

Adequate FTE Available: □ YES □ NO Adequate Funding Available: □ YES □ NO
Position being funded by soft money: □ YES □ NO If funded with soft money, term of the position:

<table>
<thead>
<tr>
<th>Funding</th>
<th>Fund</th>
<th>Organization</th>
<th>Account</th>
<th>Program</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>BANNER #</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BANNER #</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Expense Amount

<table>
<thead>
<tr>
<th>Expense Amount</th>
<th>Hourly Rate</th>
<th>Annual Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Salary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits (18-19 = 36.5% of Base)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Cost (Salary &amp; Benefits)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Craig Becker, Associate Vice President of Finance & Business Affairs:

Signature: ___________________________ Date: ___________________________

APPROVED BY:

1. Human Resources:
Leslie F. Muhlfelder, Vice President for Human Resources and General Counsel:

Signature:______________________________________ Date:_________________________________________

2. Finance:

Roger A. Demareski, Vice President Finance & Administration:

Signature:______________________________________ Date:_________________________________________

3. Division Head:

Signature:______________________________________ Date:_________________________________________

APPROVAL OF REQUEST:

Alison R. Byerly, President:

Signature:______________________________________ Date:_________________________________________

April 30, 2018