## **Faculty Position Refill Request**

As we assess the needs of our current and future students, and consider budget constraints, the University will consider the necessity of refilling each position vacancy to determine if shifts in position allocation are needed. Please complete the form and submit per instructions.

Departı	ment:		
Position		Projected Title:	
Current	t Salary:	Projected Salary Range:	
Please	e provide an explanation to the following ques	stions:	
1.	_	rollment is expected to grow or decline over the ne of this faculty position? (please attach data to polkit provided by OIRE)	
2.	·	artment be impacted if this position was not this position? (consider impact on graduate tion to student enrollment demands)	

3.	Faculty Impact: How would this vacancy impact the other faculty within the department?
4.	Planning: Thinking beyond the immediate needs of the department, what strategic plans have been considered other than enrollment? Can other adjustments be made within the department to accommodate needs if this position is no longer available? Alternatively, if the funding for this position were available for use in other capacities, would you choose to re-allocate it, and if so, where/how?
5.	Accreditation: What would be the potential impact on accreditation if the decision is made to not refill this position?

6.	Students: What would the impact be on students if this position was not refilled?
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/.	Please indicate the source of funding.
8.	Availability of physical space: please indicate the availability of physical space for this hire
	along with how this would affect future needs of the department.

Faculty Position Refill Request					
Department:					
Position Title:					
APPROVALS:					
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Signature		Title			
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