**CLASSIFIED STAFF NEEDS ASSESSMENT APPLICATION**

**Fall 2014**

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| Name of Person Submitting Request: |  | | | |
| Program or Service Area: |  | | | |
| Division: |  | | | |
| Date of Last Program Efficacy: |  | | | |
| What rating was given? |  | | | |
| Current number of Classified Staff: | FT: |  | PT: |  |
| Position Requested |  | | | |
| Strategic Initiatives Addressed:  (See Appendix A: <http://tinyurl.com/l5oqoxm>) |  | | | |

Replacement ☐ Growth ☐

1. Provide a rationale for your request.

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1. Indicate how the content of the latest Program Efficacy Report and current EMP data support this request. How is the request tied to program planning? *(Reference the page number(s) where the information can be found on Program Efficacy).*

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1. Indicate if there is additional information you wish the committee to consider *(for example, regulatory information, compliance, updated efficiency, student success data, planning, etc.).*

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1. What are the consequences of not filling this position?

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