

SECTION 1: REQUESTOR INFORMATION

School, College or Division: _____ Department: _____

Unit: _____ Hiring Manager: _____

Human Resources Business Partner: _____

SECTION 2: TYPE OF VACANCY REQUEST

Create a new position. Request to recruit.

Replace existing position vacancy. Request to recruit.

Extend existing position end date, as permitted by contract and policy.

SECTION 3: POSITION DETAILS OF VACANCY REQUEST (AS PER SECTION 2)

Job (Payroll) Title: _____ Working Title: _____

Job Code: _____ Job Opening ID: _____

Union/Employee Group: _____ Number of Vacancies: _____

Name of former incumbent for replacement/extension requests: _____

Position status:

Career _____ Short Term/Limited _____ FTE (up to 1.0, Full-Time): _____

Per Diem _____ Contract _____ Duration* (months): _____

Temporary, Through TES _____ Rehire Retiree _____ **Does not apply to 'Career' or 'Per Diem'***SECTION 4: BUDGET DETAILS FOR VACANCY POSITION**

Cost Center (Account Number): _____ Approved Budget Range for Position: _____

Check all funding sources that apply to this position:

General Funds & Tuition. 199xx, except 19933

Student Fees. Includes Student Service, Campus Based, Professional Degree Supplemental Tuition, and Self-Supporting Graduate Professional Degree Program

Auxiliary or Self-Supporting Revenue. Includes clinical.

Internal Recharge Revenue

Other funding source(s) not identified above:

The funding source is confirmed as secure

Contract & Grant Sources. *Check sub-category:*

Federal Source

State or Local Source

Private Source

Finance & Administration Allocation. 07427 or 19933

SECTION 5: REASON FOR RECRUITMENT

Essential University Functions

Compliance with Federal, State, local laws/regulations

Health and Safety

Other (please Identify): _____

SECTION 6: RATIONALE FOR VACANCY REQUEST

1. For replacement or extension requests, describe reason for vacancy or extension.

2. Function of this position and positive contributions to business operations.

3. Negative outcomes on business operations of not filling this vacancy.

4. How the position responsibilities are currently being filled.

5. What reassignment options have been considered? Why is reassignment not appropriate?

SECTION 7: HR BUSINESS PARTNER REVIEW

Reviewed by HR Business Partner and brought forward for approvals.

Name

Title

Signature ([how to create a digital signature](#))

Date

Comments:

SECTION 8: EXECUTIVE APPROVAL BY REQUESTING DEPARTMENT

SMG Department Head: Chancellor, Vice Chancellor, Provost, Vice Provost, Dean

Approve

Deny

Name

Title

Signature ([how to create a digital signature](#))

Date

Comments:

SECTION 9: APPROVAL BY COMMITTEE REPRESENTATIVE, ON BEHALF OF VACANCY REVIEW COMMITTEE

Approve

Deny

Name

Title

Signature ([how to create a digital signature](#))

Date

Comments:

Please email form to CAES-Vacancy-Requests@ucdavis.edu

May 18, 2020

Vacancy Management Program information available on the HR website at hr.ucdavis.edu/vacancy-management-program