

**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 &amp; 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 &amp; 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.

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Name

Title

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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

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Name

Title

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

Date

Comments:

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

Approve

Deny

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Name

Title

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

Date

Comments:

Please email form to [CAES-Vacancy-Requests@ucdavis.edu](mailto:CAES-Vacancy-Requests@ucdavis.edu)

May 18, 2020

Vacancy Management Program information available on the HR website at [hr.ucdavis.edu/vacancy-management-program](http://hr.ucdavis.edu/vacancy-management-program)