

# Academic Affairs OAR Criteria for Positions

## Faculty and Staff Positions

This template is designed to help guide discussions around the OAR Personal process. Please answer the questions below from the template as points of discussion for your request.

### 1: What is the:

Proposed Title (New or Existing):

Department /Program:

Name of Vacating Employee (if applicable):

Personnel action that you are requesting:

Classification:

Contract Length:

Faculty Rank (select all that apply):      Instructor      assistant      associate      professor  
clinical instructor      clinical assistant  
clinical associate      clinical professor OR      N/A

FTE:

Campus:

Proposed Salary:

Funding Sources (select all that apply):      Central      Special Appropriation      Local  
Auxiliary      Grant      OR  
Multi-fund (add notes)

New Central Funding:    Yes    No    If yes, how much is being requested?

PCN (New or Existing PCN): If existing PCN, list here:

### Budget Information:

Index	Account	%	Amount

2. Have you discussed these personnel actions with your dean?    Yes    No

3. Prior to submitting this form, please ensure you have discussed the following with your dean and provide a summary of your justification to move this personnel action forward.

a. How will this hire align with the department's 3–5-year strategic vision by supporting its goals, innovations, and accreditation or licensure requirements?

b. How do available data—such as enrollment trends, student credit hour trends, contribution margins, graduate outcomes, faculty FTE trends, research expenditures, and other relevant metrics—support the need for this position?

c. If classified, are the traditional tasks of this position still necessary and value-adding, or are there opportunities for process improvements or shared services within or across units?

4. Have you discussed this position and the funding source(s) with your UBO?    Yes    No

5. Is there any additional information you'd like to provide that could help leadership make an informed decision on this personnel request?

**To be completed by the Department Chair/Program Director/Associate Dean:**

Approve:    Deny:

Comments:

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Department Chair/Program Director/Associate Dean Signature

Date

**To be completed by the UBO:**

Approve:    Deny:

Comments:

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University Business Officer (UBO) Signature

Date

**To be completed by the Dean:**

Approve:    Deny:

Comments:

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Dean Signature

Date

**To be completed by the Provost for Academic Affairs:**

Approve:    Deny:

Comments:

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Provost Signature

Date