**FACULTY REQUEST**

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| **Submitter’s First Name:** | Click or tap here to enter text. |
| **Submitter’s Last Name:** | Click or tap here to enter text. |
| **Submitter’s Email:** | Click or tap here to enter text. |
| **Submitter’s Phone Number:** | Click or tap here to enter text. |
| **Who is your Dean/Supervisor?** | Click or tap here to enter text. |
| **Are you the Department Chair?** | Click or tap here to enter text. |
| **Who is your Vice President?** | Click or tap here to enter text. |
| **Program/Department:** | Click or tap here to enter text. |

**Type of Review:**

Note: Library and Counseling should submit individual Program Reviews: one for Instruction and one for Student Services.

[ ]  Instruction

[ ]  Student Services

[ ]  Administrative

**Faculty Mid-Cycle Requests:**

Note: your Mid-Cycle Request must meet one of the following criteria. If these are not indicated, your request will not be considered.

* Unanticipated loss of faculty
* Unanticipated enrollment demand
* Legal mandate

**Faculty Hiring Criteria:**

The primary sources of information for ranking/rating program/department needs are:

* Faculty request form
* Program Review reports
* Program Vitality Reports (PVR) if applicable
* Data tables summarizing key program measures

All data listed will be provided by the office of research, planning and institutional effectiveness (ORPIE).

Note: all analysis of data is trend over the past 4 to 6 years (3 pr cycles = 1 SP cycle)

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| **Position title and area of specialization (if applicable).** |
| Click or tap here to enter text. |

**Was this request included in your most recent Program Review?**

[ ]  Yes

[ ]  No

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| **Please post job description (copy and paste description).** |
| Click or tap here to enter text.  |

**Program Classification (check all that apply)**

[ ]  Instructor (transfer-level classes)

[ ]  Instructor (CTE classes)

[ ]  Instructor (ELL/ESL or non-credit)

[ ]  Counselor

[ ]  Librarian

[ ]  Other

**Does this faculty request meet the criteria for extenuating circumstances beyond the department/program’s control since the last 2 pr cycles? *(check all that apply)***

[ ]  Untimely death of loss of faculty due to health conditions

[ ]  Sudden unexpected retirement or resignation

[ ]  Failed search since last PR cycle (i.e., The position was approved by the exec team but not filled for any reason)

[ ]  Loss of tenure-track faculty

[ ]  Legal/mandatory requirements

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| **Describe what you checked above.** |
| Click or tap here to enter text. |

*Respond fully to each of the following two prompts. Your responses to the listed criteria and data parameters are the basis from which senators apply the criteria to determine the rating/ranking of this request. Be as specific as possible in your responses.*

**Program/Department Needs** (1-10 points)

* 1 - 4 points: little or no contribution or impact
* 5 - 7 points: some contribution or impact
* 8 - 10 points: significant contribution or impact

**How does this request for a faculty position meet the following criteria?**

Important considerations in this prioritization process are conditions unique to the program/department which support the need for additional full-time faculty, such as: (check all that apply and describe)

[ ]  Programs/departments with no or few full-time faculty to teach high demand area or for maintaining on-going (sequential) majors or certificates.

[ ]  Programs/departments with no or few full-time faculty.

[ ]  Negative impact created by the loss of full-time faculty due to retirement or non-replacement of full-time positions.

[ ]  There is not sufficient full-time faculty to develop and maintain current curriculum for the program/department.

[ ]  The program/department cannot maintain a stable core of ft to PT ratio to provide a quality program or program growth.

[ ]  There are substantial problems of coordination/supervision f the program’s/department’s PT faculty. (there are not enough ft faculty to coordinate, train, and supervise the PT faculty).

[ ]  There is difficulty in finding and keeping qualified PT faculty.

[ ]  Relevant, necessary courses are not taught or are cancelled because of the absence of qualified full or part-time faculty.

[ ]  New developments and/or trends in the service area that would influence a determination of need for the position.

[ ]  Supervision is required to reduce health and safety hazards.

[ ]  Preparation for careers/employment in fields with strong current and future prospects.

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| **Describe what you checked above.** |
| Click or tap here to enter text. |

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| **What program/department conditions (such as cutbacks, lack of offerings, no replacements, facilities, coordination of part-time faculty, new program requirements, etc.) support the need for additional full-time faculty?** |
| Click or tap here to enter text. |

**College-wide Needs** (1-10 points)

* 1 - 4 points: little or no contribution or impact
* 5 - 7 points: some contribution or impact
* 8 - 10 points: significant contribution or impact

**How does this request for a faculty position meet the following criteria?**

Where other considerations are relatively equal, does the request for this position contribute to/impact the operations of other college programs such as: (check all that apply and describe)

[ ]  Coursework required or recommended for several degree/certificate programs.

[ ]  Significant general education requirements.

[ ]  Serve substantial numbers of the student population.

[ ]  Serve a special population of students not served by other programs.

[ ]  Application to Statewide Community College Goals of serving students in Transfer, Degree and CTE programs.

[ ]  New programs the college wants to develop and support through resources, facilities.

[ ]  Contributions to college and district goals including student equity.

[ ]  Negative fiscal impact to college created by the lack of full-time faculty due to retirement or non-replacement of full-time positions.

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| **Describe what you checked above.** |
| Click or tap here to enter text. |

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| **If there are any license, certifications, or degrees required for this faculty position, please describe them here.** |
| Click or tap here to enter text. |

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| **How does this position address long-term college goals and** [**Vision 2030 Goals**](https://www.goldenwestcollege.edu/about/mission/index.html)**?** |
| Click or tap here to enter text. |

**If you have more than one faculty request, please rank this against your others.**

For example, if you are requesting three (3) faculty for this discipline, you could put a “2” in this box, a “1” on the next request and “3” on the third. “1” being your first priority, “2’”, your second priority, and “3” your least. This will assist later reviews in better understanding the needs of your program and your preference. If you are only submitting one request, please leave this box blank.

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| **Rank:** Click or tap here to enter text. |

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| **Submitter’s Signature:** Click or tap here to enter text. |

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| **Date:** Click or tap to enter a date. |

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| **Supervisor’s Review** |
| As the supervisor of this program, I have reviewed this request.[ ]  No concerns[ ]  I have concerns |
| **Comments:** Click or tap here to enter text. |

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| **Supervisor’s Signature:** Click or tap here to enter text. |

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| **Date:** Click or tap to enter a date. |

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| **Vice President’s Signature:** Click or tap here to enter text. |

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| **Date:** Click or tap to enter a date. |

**OFFICE USE ONLY**

**President’s Recommendation:**

[ ]  Hire position

[ ]  Hire one-year temporary

[ ]  Forward to rating process

[ ]  Hold until next hire window

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| **President’s Signature:** Click or tap here to enter text. |

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| **Date:** Click or tap to enter a date. |