



UNIVERSITY of HAWAII®
COMMUNITY COLLEGES

REQUEST FOR POSITION FORM

Campus:	<input type="text"/>	FTE:	<input type="text"/>	BU:	<input type="text"/>
Chancellor (Requestor):	<input type="text"/>	Funding Source:	<input type="text"/>		
Position Title:	<input type="text"/>	Date:	<input type="text"/>		
Chancellor's Signature:	<hr/>				

Request to release frozen position #

Request for new position count.

BASIS FOR REQUEST

Discuss the need for the position:

How are the duties of the requested position being accomplished now:

What adverse impact would result if position is not provided:

Approved Use count from #

Disapproved

DISPOSITION
(AVPAA USE ONLY)

Date:

Vice President for Community Colleges