### **Instructions:**

**Department Action**: Please complete the Position Data and Justification Narrative sections. Send the *Critical Hire* form to the Human Resources email at HRASU@asurams.edu

**HR Action:** HR will submit the completed *Critical Hire* form for review and approval to the following: President, Chief Business Officer, and USG.

**Processing Timeline for USG:** Critical Hire forms submitted by close of business on Monday will have a response by Friday at 5 pm the same week; however, *Critical Hire* forms submitted after Monday may require additional processing time. Once HR receives a response from USG, an email will be sent to the requesting department.

#### **Institution and Contact Information**

Institution Name: Albany State University	
Submitted by (name):	Email Address:
Ola Terrell-Jordan	ola.terrelljordan@asurams.edu
Contact Number: (229) 500-2026	

#### **Position Data**

<b>□</b> Vacant Position	□New P	Position	□Re	classification or Pr	omotion
Department:			Posi	tion Number:	
Position Title:			Posi	tion Budget:	
Date position became vacant:		Classification Title:			
Current or Previous Incumbent (name):		Current or Previous Incumbent Salary:			
Pay Grade/Range for Position Minimum For HR use only			Midpoint	Maximum	
Anticipated Salary: If the anticipated salary will be above \$100k, please provide an explanation:					
Fund Source:					

<b>Position Title:</b>		

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Position Data - continued			
<b>□</b> Full-time	□Part-time □Regular	☐Limited Term	
	Funded For Current FY:	Position Funding Account #:	
□Yes □No			
Position BCAT	Code:	Pay Group:	
For HR use o	nly	For Budget use only	
Position Type:		FLSA Status:	
□Staff	□Faculty	□Non-Exempt (Hourly)	
		□Exempt (Salaried)	
		<b>F</b> - (	
Justification	Narrative:		
Dl '1	1 1 1		
Please provide	a narrative of the role and need for	or a continuance.	
TATh on wear this mosition lost neviewed shounded on most west word? Dlogge include on wear the			
When was this position last reviewed, changed, or restructured? Please include any recent promotions or reclassifications that may be associated with this position.			
promotions of reclassifications that may be associated with this position.			

<b>Position Title:</b>				
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### **Justification Narrative continued:**

What other alternatives or organization strategies have been considered?			
Describe the impact to the department and the institution if the position is filled.			
Describe the impact to the department and the institution if the position is fined.			
If this position is not filled, how will the institution perform the responsibilities and duties of			
the position?			
the position:			

<b>Position Title</b>	2:

### **Justification Narrative continued:**

Outline any financial or other consequences, if there are any, which might adversely affect the
institution if the position is not approved.
institution if the position is not approved.
Is this position needed to meet any of the following: accreditation standards, regulatory
Is this position needed to meet any of the following: accreditation standards, regulatory
Is this position needed to meet any of the following: accreditation standards, regulatory compliance standards, contractual/legal obligations, health or safety needs? If any of these
compliance standards, contractual/legal obligations, health or safety needs? If any of these
Is this position needed to meet any of the following: accreditation standards, regulatory compliance standards, contractual/legal obligations, health or safety needs? If any of these apply, please provide a high-level summary of the specific need met.
compliance standards, contractual/legal obligations, health or safety needs? If any of these
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<b>Position Ti</b>	ile:

### **Management Signature Approvals:**

<b>Hiring Manager</b>	
Hiring Manager Name:	
Hiring Manager Title:	
Hiring Department:	
Date:	
<b>Management Attestation:</b>	
I approve this recommendation and request that the S proposal for the position indicated:	Strategic Hire Team review and approve the
Department Head/Chair:	Date
Dean:	Date
Vice President:	Date
Budget Signature Approvals: Signature	<u>Approve Reject Date</u>
Budget Director	
Title III	
VP of Administrationand Fiscal Affairs	
Additional Signature Approvals Required for I \$40,000. Note – HR will submit the complete signature approval to the following: President	d Critical Hire Form for review and
The signed form must be uploaded to the survey tool vaccepted or considered without the signed form.	with the request. This request will not be
Chief Business Officer:	Date:
President:	Date: