

Staffing Plan Form



This form replaces the old H1 (New Appointment) and the C3 (Position Release/Recruitment Authorization) forms. Please use this Staffing Form as a:

H1 C3

SUNY campuses are required to have documentation and justification for every hire.

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| Department: | Date: |
| Department Head: | Phone: |

| | |
|-------------------------------------|------------------|
| I. Current Position Details: | |
| Employee Name: | Separation Date: |
| Budget Title/SL: | Local Title: |

| | |
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| II. Proposed Replacement Position Details | |
| Budget Title/SL: | Local Title: |

III. It is recommended that every campus centralize their hiring decisions at the executive leadership level and develop a plan that prioritizes hiring over the next twelve months for open positions, planned hires, and refills. Please select the SUNY criteria that justifies this replacement position:

Staff: Health and Safety

Should be prioritized and hired as needed, with decisions made at the leadership level

Faculty: Instruction and Research

Should be prioritized if they are in high-needs, high enrollment and research growth areas as demonstrated by enrollment applications and research award

Staff: Student Facing Experience

Should be prioritized if they are in areas that would aid in student retention, recruitment, or service

Staff: Managerial/Operational

Freeze positions entirely, with some potential strategic hires determined at the leadership level

Faculty and Staff: Revenue Generating

Should be prioritized if revenue generation is known (in other words, a grant is already identified and in hand or is a fundraiser that comes with an established portfolio)

Care should be given, and scrutiny done, to not hire based on the hope of revenue generation

Why is filling this position critical?

What is the impact on the College if this position is not filled?

Describe how does this position meet one or more of the exceptions from Hiring Freeze:

Describe all other possible alternatives that have been explored for fulfilling these responsibilities (reassignment of work to existing staff within your department, division or another campus area, reorganization, reclassification of position, decrease of FTE-eliminate duties).

IV. Budget Savings

Demonstrate the specific cost savings to your budget. How much cost savings will this generate?

| VI. Signatures | Date: | Approval |
|------------------------------|--------------|--|
| Supervisor: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Department Head: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cabinet-level Administrator: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Budget: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Human Resources: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| President: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |