

Workforce Analysis Request Form

INSTRUCTIONS: Please complete the below form and route to hr@sonoma.edu for initial consultation and review.

Appropriate Administrator: _____ Dept: _____

Position (classification, working title): _____

☐ Permanent Appointment ☐ Temp Appointment (end date: _____)

☐ Permanent Reclass/IRP ☐ Temp Reclass/IRP/Stipend (end date: _____)

Salary: _____ (If reclass, salary differential from existing: _____)

- Funding source: _____

Please state how this position is vital to meeting the day-to-day operations **and** core to meeting the CSU mission - and supports best practices in maximizing internal workforce solutions with existing personnel. If part of re-org, be sure to submit all related actions at the same time and include an org chart or extended narrative to clearly describe.

Reviewed by Human Resources: Signature: _____

Reviewed by University Budget: Signature: _____

Campus Workforce Analysis Group (CWAG) Review Required:

- ☐ No, 100% grant funded
☐ Yes

CWAG Recommendation: