**Complement Management Form**

Hiring/budget manager to complete this form to initiate any hiring process. Please save prior to completing to ensure the drop-down menus work.

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| Position Title: | Click or tap here to enter text. |
| Complement Type: | Choose an item. |
| Position Designation:  | Choose an item. |
| Current or Previous Incumbent: | Click or tap here to enter text. |
| If repurposed, previous position title:  | Click or tap here to enter text. |
| Manager: | Click or tap here to enter text. |
| Employee Group: | Choose an item. |
| Employment Type: | Choose an item. |
| Employment Period: | Click or tap here to enter text. |
| Current or Anticipated Payband: |  Click or tap here to enter text. |
| Hours per week: |  Click or tap here to enter text. |
| Needed by (date): |  Click or tap here to enter text. |
| Department Number: |  Click or tap here to enter text. |

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| **Reason for hiring? Impacts if not filled?**  |
| Click or tap here to enter text.  |
| **What alternatives to hiring have been considered? (e.g. *reallocating work to existing staff, eliminating non-essential work, etc.)*** |
| Click or tap here to enter text. |

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| **Budget:** |
| Total salary within current fiscal year:  | $ Click or tap here to enter text. |
| Included in current year budget?  |  Choose an item. |
| Externally Funded:  |  Choose an item. |

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| **Approvals** |

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| Hiring Manager Signature: | Date: |
|  | Click or tap to enter a date. |

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| **Manager’s Manager (if required within division/work group):** |
| Name | Signature | Date: |
| Click or tap here to enter text. |  | Click or tap to enter a date. |

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| **SMT Member (if required within division/work group):** |
| Name | Signature | Date: |
| Click or tap here to enter text. |  | Click or tap to enter a date. |

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| SMT approval required? SMT approval is required for 1. All newly-created positions and/or
2. All positions not included in current budget unless externally funded
 | Choose an item. |

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| SMT Approval |
| Approved | Deferred | Denied | If deferred, until when? |
|  |  |  | Date:Click or tap to enter a date. |

**Approved forms to be submitted to** **HumanResources@flemingcollege.ca**

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| **Human Resources Use Only** |
| Position Number | Click or tap here to enter text. |
| Final Payband | Click or tap here to enter text. |