**Complement Management Form**

Hiring/budget manager to complete this form to initiate any hiring process.

*Note: Please save a copy prior to completing to ensure the drop-downs are fully functional.*

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| Position Title: | Click or tap here to enter text. |
| Complement Type: | 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 / Reports To: | 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 Name: | Click or tap here to enter text. |
| Department Number: | Click or tap here to enter text. |
| Location: | Choose an item. |
| On-Campus / Hybrid / Remote: | Choose an item. |

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| **Human Resources Use Only** | |
| Position Number | Click or tap here to enter text. |
| Final Pay Band | Click or tap here to enter text. |
| Posting Period | Click or tap here to enter text. |
| Internal/External | Choose an item. |

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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 annual salary:  ***(Tip: = (Hourly rate X Hours per week) X 52 weeks)*** | $ Click or tap here to enter text. |
| Impact on current fiscal year: | $ Click or tap here to enter text. |
| Included in current year budget? | Choose an item. |
| Externally Funded?  If so, where/how? | Choose an item. Click or tap here to enter text. |

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

**Approved forms to be submitted to the HR & Talent Officer** [**jocelyn.simich@flemingcollege.ca**](mailto:jocelyn.simich@flemingcollege.ca)