**Complement Management Form**

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

**Does a final job description with job evaluation exist for this request? Choose an item.**

**If no, please connect with your Human Resources Consultant prior to completing this request.**

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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: | Choose an item. |
| Current 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. |
| Home Campus: |  Choose an item. |
| On-Campus / Hybrid / Remote: |  Choose an item. |

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| **How does this hire enable the achievement of the strategic plan and priorities?**  |
| Click or tap here to enter text. |
| **What is the risk to the College for not hiring this position? Can the risk be mitigated through other means?** |
| Click or tap here to enter text. |

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| **What alternatives to hiring have been considered? Is there existing staff capacity in the department that can absorb this work? Can roles be consolidated/restructured to eliminate the need for an added position? Can non-essential tasks be eliminated to reduce the job scope? If not, please explain.** |
|  Click or tap here to enter text. |
| **Financial Impact:** |
| Total annual salary: ***(Tip: = (Hourly rate X Hours per week) X 52 weeks)*** | $ Click or tap here to enter text. |
| Cost to be incurred in current fiscal year: | $ Click or tap here to enter text. |
| Included in current fiscal year budget?  | Choose an item. |
| Budget available in current fiscal year: | $ Click or tap here to enter text. |
| If no budget available, how will this additional cost be absorbed or mitigated? | Click or tap here to enter text. |
| Externally Funded? If so, where/how? Does the external funding have an expiry date? If so, when? | Choose an item.Click or tap here to enter text. |

**Finance Review**

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| **Finance Review & Observations** |
| Click or tap here to enter text. |
| Name | Signature | Date: |
| Click or tap here to enter text. |  | Click or tap to enter a date. |

**Approvals**

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| **Hiring Manager** |
| Name | Signature | Date: |
| Click or tap here to enter text. |  | 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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| **CMWG Approval** |
| Approved | Deferred | Denied | If deferred, until when? |
| [ ]  | [ ]  | [ ]  | Date: 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. |

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

**Approved and completed forms to be submitted to the**

**Human Resources Talent Officer -** **Samantha.rivers@flemingcollege.ca**