Kapiʻolani COMMUNITY COLLEGE POLICY

Policy Number: K9.495
Approved Date:
Review Date:

Kapiʻolani Community College
K9.495 Vacancy Policy

I. Introduction

This policy on vacancies at Kapiʻolani Community College (KCC) ensures that positions are allocated to the department, program, and/or unit with the greatest need at the College and to best serve the College’s mission and achievement of its strategic goals.

II. Related Policies

UHCC Policy 9.495 Long-Term Vacancy

III. Policy Objectives

In accordance with UHCC Policy 9.495 Long-Term Vacancy, if a vacant position is not filled within a two-year time period, that vacant position must be returned to the UHCC Vice President’s Office.

To address UHCC Policy 9.495, Kapiʻolani Community College follows two procedures: one procedure to recruit a vacancy in the same discipline/area and the other, to request a new position.

IV. Procedures

All vacancies are tracked in tiers depending on the positions’ expiration date and are discussed quarterly with the Human Resources Manager at Administrative Staff Council meetings. Program administrators are charged with monitoring both the vacancies in their units and the recruitment timeline. To ensure that recruitments are completed within the two-year timeframe, the vacant position must be filled within six months of the position’s approval for recruitment.

A. Procedure to Rehire

If a faculty vacancy occurs in a department or unit, a justification shall be made to determine whether filling the position is still necessary in that same discipline or functional area. The Request to Fill a Critical Position Form must be submitted when a vacancy occurs and the department or unit seeks to recruit in the same discipline/area. Rehiring of the position will depend upon the overall needs of the College and be based on the expiration date of the position. Positions to address health and safety issues are the first priority. Positions deemed to be no longer necessary for the discipline/unit shall revert to the Chancellor’s Office for reallocation.
Positions that have not been filled within six (6) months of expiration will revert to the Chancellor’s Office.

B. Procedure to Request New Positions
The need for an additional position must be identified in the department’s or area’s existing ARPD, Strategic Plan or Student Success Pathway. The request must be submitted through the Allocation Request Form (ARF) process to be considered by the campus constituencies and must include a completed Request to Fill a Critical Position Form. If the Chancellor’s Advisory Council recommends to the Chancellor that the position is necessary and needs to be filled, the Administrative Staff Council in consultation with the Human Resources Manager will determine the most appropriate mechanism to fill the requested position.

C. Non-General Funded or Non-Tuition and Fees Special Funded Positions
All non-general funded or non-tuition and fees special funded positions, e.g. Federal, Trust, Contracts, etc., shall be filled using existing guidelines, procedures and processes. The source fund shall be the only means of funding these positions.

D. Civil Service and Administrative/Professional/Technical Positions
Vacant civil service and administrative/professional/technical positions shall be filled in the units in which they originate unless there are very strong programmatic reasons to reallocate. Existing guidelines, procedures and processes will be followed.

V. Related Documents
A. Attachment A: Request to Fill Critical Position
B. Attachment B: Allocation Request Form
Attachment A

University of Hawaii
Kapi'olani Community College
REQUEST TO FILL CRITICAL POSITION

Date Rec'd by Administrator: ____________

Administrative Unit: ____________

Program: ____________

Department: ____________

Position Number: ____________

Pay Range (BGSR, Band, Rank, 9-mos/11-mo): ____________

Position Title: ____________

Estimated Fill Date: ____________

FTE: ____________

Salary Needs: ____________

Appointment Duration (Check all that apply)

☐ Permanent  ☐ Temporary  ☐ Tenure Track  ☐ Non Tenure Track

If Temporary Appointment Period, From: ____________ To: ____________

Funding Sources (Indicate Percentage): General ____________ TSF ____________ Special ____________ Grant ____________

Position Reports to: ____________

PLEASE PROVIDE A DETAILED ANALYSIS SUFFICIENT TO JUSTIFY REQUEST (Attach additional pages if necessary)

1. Summary of position duties and responsibilities

2. Identify the number and type of similar positions assigned to this program/unit

3. Reason the position is critical

4. Impact if this request is not approved

5. Alternative method of delivering required services

6. Attach quantitative data to include source of information

7. Resource requirements necessary to support this request

Physical (Space)

Technology/equipment

Requested by: ____________ Date: ____________

APPROVED BY:

Program Administrator ____________ Approval Date: ____________

Appropriate Vice Chancellor ____________

Chancellor ____________

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Attachment B

Allocation Request Form

Request Tracking Number: [TRACKING # = DEPT ABBREVIATION - # OF REQ (EX. CELTT-1)]

<table>
<thead>
<tr>
<th>Submitter/Contact: TYPE NAME OF CONTACT FOR THIS REQUEST HERE</th>
<th>Date Submitted: _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department: DEPARTMENT NAME</td>
<td>Dean Priority: _____ ranked out of _____ requests</td>
</tr>
<tr>
<td>Department Priority: _____ ranked out of _____ requests</td>
<td>VC Priority: _____ ranked out of _____ requests</td>
</tr>
</tbody>
</table>

VI. Section I: Information on Request

1. **Title of Request:** Please enter the title

2. **Description of Request:** Please enter a brief description of the request.

3. Does this request meet the College’s and the University’s Mission Statement? If yes, please provide a detailed explanation here. Please explain

*Check Boxes if the answer to the question is “Yes”*

1. [ ] Is this request related to an action item in your Department’s/Unit’s Student Success Pathway? If yes, please indicate where your Student Success Pathway template can be found.

2. [ ] Is this request related to a Strategic Plan outcome(s) and performance measure(s)? If yes, please indicate which Strategic Plan outcome and performance measure this request helps to accomplish.

3. [ ] Is this a technology request?

*Request Details*

Please provide your best projection of the costs of this request (i.e., personnel, operating, and equipment costs). Do not neglect the costs of time, space, or any other impacts to the College as a result of this allocation request.

*Positions:* 0.0  
*Funds:* $000000

*Explanation of the Request:* Please explain the request
What alternatives has the Department/Unit investigated to finance this request? Please explain these alternatives and their feasibility. Please discuss

Justification for this Allocation Request: Please justify

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VII. Section II: Relationship to Program/Service Improvement

The request MUST be tied to improving one or more learning outcomes or service outcomes. Explain the relationship between the request and each of the outcomes.

1. Please identify the outcome addressed by this request and explain how this request will improve this outcome.
2. How are you measuring progress or achievement for this outcome improvement?
3. How will you know that this improvement has been achieved?

Please discuss how learning/service outcomes will be improved

**Note: If your request is funded, in part or in whole, a required report will be submitted to the Chancellor at the end of the fiscal year to address how the allocation improved the outcomes stated above, or if you did not achieve your expected outcomes, your report should include your plan going forward.

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VIII. Section III: Communicating the Request

Communication and Consultation Section

It is the responsibility of the department/unit that is initiating the request to ensure that other Departments/Units that are impacted review the request and comment as necessary.

Departments/Units that will be impacted by this request include: List all Depts/Units that will be impacted by this request. Include how the departments/units are impacted and what the impact would be.

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IX. Section IV: Administration Review and Comments

Routing

ALL allocation requests require review and comment from:
1) Department Chair/Unit Head
2) CELLT
3) Dean, as appropriate
4) VCAA or VCSA
5) VCAS

**Note: The department/units administrator is required to have an internal conversation with her/his constituents to consolidate the department/units’ requests. Conversations at all levels are encouraged. The discussion should lead to consensus on top priorities. Priorities should be shared with all constituents at every level. The top priorities will be highlighted for ranking
purposes for the Authorized Governance Organizations. However, all the allocation requests will be listed.

1. ☐ Reviewed by Department Chair/Unit Head – Department Chair/Unit Head ---- the request
   a. Department Chair/Unit Head please enter comments on request here:

2. ☐ Reviewed by CELTT – The equipment requested is: ----
   a. CELTT please enter comments on request here:

3. ☐ Reviewed by Dean – Dean ---- the request
   a. Dean please enter comments on request here:

4. ☐ Reviewed by Vice Chancellor for Academic Affairs OR Vice Chancellor for Student Affairs – VCAA/VCSA ---- the request
   a. VCAA/VCSA please enter comments on request here:

5. ☐ Reviewed by Vice Chancellor for Administrative Services - VCAS ---- the request
   a. VCAS please enter comments on request here:

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**X. Section V: Authorized Governance Organization Comments**

(See ranking sheet for comments.)