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| --- | --- | --- | --- |
| Requestor: |  | Date: |  |
| Job Title: |  | FTE: |  |
| Department/Group: |  | Position Type: | □ Full Time □ Part Time  □ Per Diem □ Temporary |
| Location: |  | Proposed Start Date: |  |
| Table/Grade & Salary Range: |  | JD Attached: | □ Yes □ No  □ Pending |
| HR Contact: |  |  |  |
| Responsible Executive: |  |  |  |

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| POSITION JUSTIFICATION | |  |
| CATEGORIZE YOUR NEW POSTION REQUEST (CHECK ALL THAT APPLY), AVOID “MISCELLANEOUS” WHEN POSSIBLE: | | |
| **□ Decrease OT/Agency Utilization**  **□ Expansion/Increase in Clinical Volumes**  **□ Insourcing/outsourcing**  **□ Staffing Ratio Goals/Standard** | **□ Quality**  **□ Expansion/Increase in non-clinical Volumes**  **□ Mission/Community**  **□ Regulatory/Physical Safety/Security** | |
| **Provide detailed justification for position approval as it related to categories selected :** | |  |
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| FINANCIAL JUSTIFICATION |  |
| Provide current year-to-date costs and/or revenue associated with the program – analyze projected new cost/revenue to calculate variance. Project ROI for all categories impacted: | |

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| **COST REDUCTION** | Current State Costs (Mth/YTD) | Projected Cost | Cost Improvement | |
| Overtime hours |  |  |  | |
| Overtime cost |  |  |  | |
| Agency hours |  |  |  | |
| Agency cost |  |  |  | |
| Other hours\* |  |  |  | |
| Other cost |  |  |  | |
| Totals |  |  |  | |
| Total annual position cost - including 52% tax and fringe |  | **\*List Other Hours:** | |  |
| Total cost savings for position |  |  |
| ROI Calculation |  |  |

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| **REVENUE ENHANCEMENT** | Current State Revenue (Mth/YTD) | Projected Revenue | | | | Revenue Improvements | | |
| Inpatient - type/category: |  |  | | | |  | | |
| Outpatient – type/category: |  |  | | | |  | | |
| Other - type/ category: |  |  | | | |  | | |
| Totals |  |  | | | |  | | |
| Total annual position cost - including 52% tax and fringe |  |  |  |  |  | |  |
| Total increased annual revenue |  |  |  |  |  | |  |
| ROI Calculation |  |  |  |  |  | |  |

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| **OTHER COST REDUCTION** | | | Current state cost (Mth/YTD) | Projected cost | | | Cost improvements | | |
| Cost category: | | |  |  | | |  | | |
| Cost category: | | |  |  | | |  | | |
| Cost category: | | |  |  | | |  | | |
| Totals | | |  |  | | |  | | |
| Total annual other cost | | |  |  |  |  | |  |  | |
| Total cost reduction | | |  |  |  |  | |  |  | |
| ROI Calculation | | |  |  |  |  | |  |  | |
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| ADDITIONAL JUSTIFICATIONS |  |

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| Please provide below any relevant information relative to the following items, if and as appropriate: |
| 1. Clear explanation of the position and need2. Strategic fit and/or relationship to specific strategic initiatives3. options considered other than filling position. can the work be absorbed by existing staff?4. risk associated with not filling position5. quantification of specific anticipated outcomes of filling position (E.G. $XX INCREASE REVENUE. $XX DECREASE IN EXPENSES).6. INTERNAL, NATIONAL OR OTHER BENCHMARK DATA7. PRODUCTIVE METRICS FOR POSITION AND TREND DATA8. IMPACT TO ANCILLARY DEPARTMENT (E.G. IST, CAPITAL AQUISITION, SPACE) |
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| Reviewed By: |  | Date: |  |
| Approved By: |  | Date: |  |