



**Student Services Hiring Allocation Committee
Personnel Request Validation Form**

Department/Unit: _____

Rate how well the Department/Unit has **demonstrated** the relationships between this personnel request and the following criteria. Use a scale of 0 (not demonstrated) to 3 (strongly demonstrated). If the request would not reasonably be expected to be related to a criterion, mark it N/A (Not applicable) and that row will not be included in the calculation of the average rating. Mark and X in the appropriate column for each criterion.

Criterion	0	1	2	3	N/A
Relationship to Department/Unit Student Services Learning Outcomes					
Relationship to Student Services Master Plan					
Relationship to Student Success and Support Plan					
Relationship to Educational Master Plan/Mission Statement & Objectives					
Relationship to Institutional Learning Outcomes					
State or Federal Mandates					
Student Demand for Services					
FTEF Need					
Full-time/Part-Time Ratio Need					
Accreditation Recommendations					
National Standards					
Need for Specific Skill Set					
Community or Institutional Need					

Average Rating: _____

Comments: