

**RSCCD**  
**Planning & Organizational Effectiveness Committee**  
**District Operations – Staffing Augmentation Review Form**

*Instructions: This form should be used to facilitate the Committee's review of a District Operations Reorganization that involves a mid-year staffing augmentation.*

**GENERAL INFORMATION:**

Department: \_\_\_\_\_  
Reorganization Initiator: \_\_\_\_\_  
Cabinet Administrator: \_\_\_\_\_

**STAFFING AUGMENTATION:**

Estimated Augmentation: \$ \_\_\_\_\_

Reason for Augmentation:

- Regulatory/Compliance Change Requires Additional Staffing
- Essential Services Provided by Contractor Ending
- Essential Services Required by Colleges Require Additional Staffing
- Unanticipated Resignation/Retirement Necessitates Staffing Change
- Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments/Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECOMMENDATIONS:**

Planning & Organizational Effectiveness Committee Recommendation:      Yes  No

District Council Recommendation:      Yes  No