

**PURPOSE OF THIS FORM**

**Before starting to create a PBAR request in Adobe Sign, all pages of this form have to be completely filled out and saved. This form (PBAR Attachment to Adobe Sign) and all supporting documents are REQUIRED to be uploaded in Adobe Sign for the request to be submitted for review and approval by the PBAR Committee.**

The Personnel & Budget Augmentation Request (PBAR) Form is used for the following:

- To request an augmentation to an Unrestricted Fund (Fund 01.0) departmental budget
  - To request authorization to hire non-faculty personnel, both full-time and temporary, in both the Unrestricted (Fund 01.0) and Restricted (Fund 01.3) Funds
- Note: If a permanent position is vacated, the budget for the position does not stay with the department. A PBAR request for a new augmentation to hire a replacement has to be submitted for approval.*

Expenditures related to a PBAR request cannot be incurred prior to the approval of the PBAR. Any department that incurs expenditures prior to having the PBAR approved will have to absorb the expenditure within the department's existing budget.

For request of personnel, both permanent and temporary, the PBAR Form must be completed **and** approved prior to an employee request being entered into ISIS approval system, even if the department or grant has an established budget for the position.

All PBAR Forms completed and approved by the area Vice -President are to be submitted directly to Fiscal Services c/o the Budget Office.

In order to assess the effectiveness of an augmentation, the department who receives additional funding may be required to report on its use at the end of year.

**GENERAL INFORMATION**

**PERSONNEL & BUDGET REQUEST INFORMATION**

**AUTHORIZATION**

The GENERAL INFORMATION section, PERSONNEL AND BUDGET INFORMATION section and AUTHORIZATION section will be filled out in Adobe Sign. Please completely fill out the sections found in the following three pages, save all three pages in a file and upload the file and all documents supporting your request in Adobe sign. This form and supporting documents are required to be uploaded in Adobe Sign for the request to be submitted for review and approval by the PBAR Committee. Instructions to fill out each section of the PBAR in Adobe sign and the PBAR Attachment to Adobe Sign can be found in <https://www.smc.edu/administration/business-services/budget/forms.php>

Below are steps to follow in preparing the PBAR in Adobe Sign:

**To Login Adobe Sign:**

1. Go to <https://smc.edu/adobesign> and click
2. Enter your @smc.edu email address and click
3. Login the same way you login your computer.



**To Create a Personnel and Budget Augmentation Request**

4. Click "Start from Library" .
5. Click "Workflows" on the left margin.
6. In the search box, type "PBAR". There are three Personnel and Budget Augmentation Forms available:



- Fiscal - PBAR - Unrestricted Fund - Personnel** : Use this form when requesting an approval to fill a position for Fund 01.0 Unrestricted Fund
- Fiscal - PBAR - Restricted Fund - Personnel** : Use this form when requesting an approval to fill a position for Fund 01.3 Restricted Fund
- Fiscal - PBAR - Non-Personnel** : Use this form when requesting for non-personnel augmentation to All funds.

Click on the form you will use, then click  You will receive an email from Adobe Sign.

7. In the box "Preparer", enter your email address.
8. In the box "Vice President", enter email address of the Vice President approving the form.
9. For Fund 01.3 Restricted Fund Personnel Request, approval by Program Manager and Accountant is required. In the box "Program Manager", enter the email address of the Program Manager in charge of the program. In the box "Accountant", enter the email address of the Accountant in charge of the program.

10. All other email addresses will be prefilled in Adobe Sign

11. For Document Name, enter 5-digit location number, description of the request and date in the parenthesis (e.g. PBAR-Unrestricted- Personnel (00003\_Permanent Admin Asst 1\_2020-11-11))


12. Under Documents, click  select the completed PBAR Attachment to Adobe Sign related to the request, click  document will be attached. You can upload up to two additional documents to support the request. If you have more than two documents, you will need to combine the files into one. Make sure to upload the correct file. Once a file is uploaded, it cannot be removed.

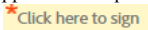
13. Fill in the PBAR form in Adobe sign.

14. Click on  at the bottom of the screen.

You will be asked to sign then click on "Apply". If you have signature in adobe sign, the signature will automatically show.

**To Approve a Personnel and Budget Augmentation Request**

15. An email will be sent to you by the preparer to approve the request. In the email, click on the box  PBAR form will open.

16. Scroll to the bottom of the form and click on  you will be asked to sign and click "Apply". If you have signature in Adobe sign, the signature will automatically show.

17. To reject the form, click on "Options" which appears on the left side of the screen and click on "Decline to sign". You will be asked to indicate the reason for declining. The preparer and previous signatories will receive an email informing them that the request was denied.

18. When all signatures are completed, you will receive an email from Adobe Sign. Approvers will get email from FCCC-Santa Monica College.

**NAME OF REQUESTING DEPARTMENT:** \_\_\_\_\_

**PERSONNEL RELATED REQUEST**

Permanent

Temporary

Non-Merit

**PERMANENT** (estimate benefits at 45% of salary) *Submit one PBAR for each position/class title.*

**POSITION/CLASS TITLE:** \_\_\_\_\_

**NUMBER OF POSITIONS:** \_\_\_\_\_

**TOTAL HOURS PER WEEK PER POSITION:** \_\_\_\_\_

**EXPECTED COST PER POSITION:** SALARY \$ \_\_\_\_\_ BENEFITS \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

**EST. TOTAL SALARY AND BENEFITS FOR ALL POSITIONS:** \$ \_\_\_\_\_

**PRIMARY WORK SITE:** \_\_\_\_\_

Establish New Position No. of Months per Year: 11 12

Replace a Vacancy Enter Date Position Was Vacated and By Whom: \_\_\_\_\_

Increase in Hours or Assignment \_\_\_\_\_

**Work Schedule (if known):**

Days	Schedule (From - To)	Hours
Mon		
Tue		
Wed		
Thu		
Fri		
Sat		
Sun		
<b>Total</b>		

**Shift Differential (check all that apply):**

Swing/Night Shift (5%)

Weekend (5%)

Night Shift 3 (7.5%)

Graveyard (10%)

VH1 (5%)

**Bilingual Stipend:**

Speak (\$35.00/mo.)

Speak/Read/Write (\$45.00/mo.)

**TEMPORARY AND NON-MERIT** (estimate benefits at 8% of salary)

*When submitting more than one TEMPORARY or NON-MERIT position/class title, please insert additional pages of this section.*

**POSITION/CLASS TITLE:** \_\_\_\_\_

**NUMBER OF POSITIONS:** \_\_\_\_\_

**TOTAL HOURS PER WEEK PER POSITION:** \_\_\_\_\_

**EXPECTED COST PER POSITION:** SALARY \$ \_\_\_\_\_ BENEFITS \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

**EST. TOTAL SALARY AND BENEFITS FOR ALL POSITIONS:** \$ \_\_\_\_\_

**PRIMARY WORK SITE:** \_\_\_\_\_ **Total Hours Requested in this PBAR (All Positions):** \_\_\_\_\_

Projected Dates	Start	End

**or**

Term	Summer	Fall	Winter	Spring
No. of Positions				

Backfill a Vacancy Enter Date Position Was Vacated and By Whom: \_\_\_\_\_

Substitute for an Employee on Leave Anticipated Return Date: \_\_\_\_\_

Increased Workload Due to Special Projects or Other

Extension of Assignment

**Candidates Requested (if known):**

LAST NAME	FIRST NAME	Max Hours/Week

**OVERTIME REQUEST**

**POSITION/CLASSTITLE:** \_\_\_\_\_

**TOTAL NUMBER OF HOURS OF OVERTIME:** \_\_\_\_\_

**PROJECTED TOTAL SALARY COST (without benefits):** \$ \_\_\_\_\_

NAME OF REQUESTING DEPARTMENT: \_\_\_\_\_

**JUSTIFICATION FOR REQUEST - MANDATORY SECTION**

Please describe the request in detail, explain the justification for the request, describe what this request will accomplish if funded and specifically describe how this request aligns with Board policy; the College's vision, mission, goals, and institutional objectives; the Educational Master Plan; the Facilities Master Plan; the Technology Master Plan; District Initiatives; State and/or Federal mandates; the department's program review, health and safety concerns, grant agreements and/or accreditation standards. Please attach documentation supporting your justification (i.e. If the request aligns with Educational Master Plan objective #12, please describe how and include a copy of objective #12. If the request is due to an increase in a contract that had not been previously budgeted, include the pertinent section of the contract showing the year to year increase) . Please attach additional page(s) if you need more space. Requests without proper supporting documentation and linkage to a District planning document will be returned to the requestor.

**OTHER RELEVANT INFORMATION**

List other relevant information not stated above.

**PERSONNEL HIRING OPTIONS - MANDATORY SECTION**

To address the anticipated fiscal and budgetary limitations in District funding, the following options have to be considered before deciding to go out for recruitment. Please explain the factors why any of the following options was not taken.

**(a) Leave the position unfilled**

**(b) Use of temporary employees**

**(c) Temporary working out of classification**

**(d) Modify the current position**