



- New Hire
- Change in Position
- Rehire
- Change in Funding
- Recommendation
- Transfer
- Adjunct Pool
- Administrative Action

SECTION 1

Name: _____ From Department: _____ From Division: _____ Current Position: _____ Employee ID: _____ Position No: _____ Releasing Dean/Department Director Initials: _____	Effective Date: _____ To Department: _____ To Division: _____ New Position: _____ Employee ID: _____ Position No: _____
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SECTION 2 (Please check all boxes applicable to position.)

Position Type: <input type="checkbox"/> New <input type="checkbox"/> Replacing: _____ Funding Source: <input type="checkbox"/> Operating Budget <input type="checkbox"/> Grant-Funded <i>(attach grant)</i> Term of Appointment: <input type="checkbox"/> 9-Month <input type="checkbox"/> 12-Month <input type="checkbox"/> Semester <input type="checkbox"/> Other _____ Employee Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other _____	FLSA Status: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Non-Exempt Salary Category, If applicable: <input type="checkbox"/> Credit <input type="checkbox"/> Non-Credit Position Class: <input type="checkbox"/> Full-Time Credit Faculty <input type="checkbox"/> Adjunct Credit Faculty <input type="checkbox"/> Instructional Support <input type="checkbox"/> Plant Operations <input type="checkbox"/> Full-Time CE Instructor <input type="checkbox"/> Adjunct CE Instructor <input type="checkbox"/> Campus Security <input type="checkbox"/> Admin/Prof/Tech <input type="checkbox"/> Clerical <input type="checkbox"/> Student
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SECTION 3

POSITION TO BE CLOSED (If applicable): Position No : _____ GL Account: _____ - - - -	POSITION TO BE OPENED (If applicable): Position No: _____ GL Account: _____ - - - -
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FOR BUDGET USE ONLY

Budgeted Salary: \$ _____
GL Account: _____ - - - - %
GL Account: _____ - - - - %
GL Account: _____ - - - - %

Budget Verification Signature _____ Date _____
Sponsored Programs (Where Applicable) _____ Date _____
Time and Effort Required? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPROVALS

I affirm that this recommendation does not conflict with College district policies regarding nepotism and/or Supervisory capacity.

_____	Date
Dean/Department Director	
_____	Date
Vice President	
_____	Date
Human Resources Signature (including EEO Review)	Date

RECOMMENDATION

Effective Date of Employment: From: _____ To: _____
Candidate Approved for Hire? <input type="checkbox"/> Yes <input type="checkbox"/> No Salary: \$ _____
Conditions of Employment (if any): _____

President's Signature _____ Date _____

The College District prohibits discrimination, including harassment against any employee on the basis of race, color, religion, gender, national origin, age, disability or any other basis prohibited by law.