



- 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.

_____ 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.