



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

SECTION 1

Name: _____ From Department: _____ From Division: _____ Current Position: _____ Employee ID: _____ Releasing Dean/Department Director Initials: _____	Start Date: _____ To Department: _____ To Division: _____ New Position: _____ Employee ID: _____ Posting 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 <i>(Faculty Only)</i> <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 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"/> Information Technology <input type="checkbox"/> Campus Security <input type="checkbox"/> Admin and Professional <input type="checkbox"/> Clerical <input type="checkbox"/> Student
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SECTION 3 (FOR HR USE ONLY)

POSITION TO BE CLOSED (If applicable): Position No : _____ GL Account: _____ - - - -	POSITION TO BE OPENED (If applicable): Position No: _____ GL Account: _____ - - - -
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<p style="text-align: center;">FOR BUDGET USE ONLY</p> 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	<p style="text-align: center;">APPROVALS</p> <input type="checkbox"/> 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
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