

PERSONNEL REQUISITION FORM

OFFICE OF THE HUMAN RESOURCES

Approval Is Requested Advertiseme Advertiseme (Specify Po	Establishment of a New Classification Change in Staff Allocation (Create New Position)					
Position Demographics Position Title:	:	Division/Dept:		Reports T	·o:	
Permanent		Temporary	If Ten	If Temporary, end date:		
Location:	Skyline	CSM	Cañada Chancellor's Office			
Position No. (if a current position):			% of F. T.		Mos. Per Yr:	
Salary Schedule:		Salary Grade:	Last	Incumbent:		
Position Classification:	_	Certificated	Clas	sified		
Labor Distribution: (must total 100%)					% % %	
Is this allocation current	tly budgeted?	YES	NO		_	
Name of Categorical Fu	nd (if applicable):			Exp. Date	:	
Effective Date:						
REQUIRED: FOR ADVER Proposes names to serv Human Resources Depa	RTISEMENT OF A VAC	Ant PERMANENT POSITI	ON	or the		
APPROVALS			<u> </u>	Date:		
Division / Department Administrator				Date.		
Vice President of Instruction / Vice President of Student Services				Date:		
Vice President of Admin Services / District Budget Officer				Date:		
Chancellor / College President			_	Date:		
District Budget Officer				Date:		

PERSONNEL REQUISITION FORM

GUIDELINES FOR COMPLETION

(All information must be legible)

Approval Is Requested For the Following Action(s)

- ADVERTISEMENT OF A VACANT OR DETAIL POSITION
 - Using an existing position from the Position Control Worksheets
- ❖ ADVERTISEMENT OF A DETAIL/INTERIM POSITION
 - Using an existing position from the Position Control Worksheets. The suffix for Detail/Interim action is "D0"
- **SECOND SECOND S**
 - Use this to create a position
- CHANGE IN STAFF ALLOCATION
 - Use this to add a position that exists from the Position Control Worksheets

Position Demographics

- ❖ POSITION TITLE: enter the title of the position
- DIVISION/DEPT: enter the organization title
- REPORTS TO: enter the name of Administrator/Manager/Supervisor that oversee the position
- PERMANENT OR TEMPORARY: check the box which corresponds to the position; enter the end date if the position is temporary
- ❖ LOCATION: check the box which corresponds to the position
- ❖ POSITION NO.: for the current position, using the Position Control worksheets, enter the position number; "00" is the suffix number for all positions except detail/interim. The suffix for detail/interim is "D0".
- % OF F. T.: enter the FTE percent
- MOS. PER YR.: enter the number of months the position is paid
- ❖ POSITION CLASSIFICATION:
 - CERTIFICATED: positions that are academic (requires credential)
 - CLASSIFIED: positions that don't require credential
- ❖ LABOR DISTRIBUTION: indicates the budget accounts to be charged for this salary and the percentage of the salary expense for each account. In all cases, 100% of the annual salary must be accounted for.
- ❖ IS THIS ALLOCATION CURRENTLY BUDGETED: check the box if the budget is set-up for the position
- ❖ NAME OF GRANT/CATEGORICAL FUND (IF APPLICABLE): If external funds will pay for the salary, indicate the title of the grant
- EXP. DATE: the grant expiration date needs to be entered here
- ❖ EFFECTIVE DATE: enter the date after it is board approved

REASON FOR REQUESTED ACTION(S)

Enter the reason for this request

REQUIRED: FOR ADVERTISEMENT OF VACANT OR DETAIL POSITION

Names of the proposed selection committee

APPROVALS

- ❖ DIVISION/DEPARTMENT ADMINISTRATOR: a signature is required
- COLLEGE PRESIDENT/CHANCELLOR: a signature is required
- VPAS OR DESIGNEE/DISTRICT BUDGET OFFICER: a signature is required
- REVIEWED BY: a signature is required