Shasta College

Personnel Requisition Form

This form is required to fill a position

☐ Administrative
☐ Faculty
☐ Classified
☐ Confidential

Position Title: _____

Department: _____ **Starting Date:** _____

Requisition is for: ☐ New Position ☐ Additional Position ☐ Change of Position ☐ Replacement

☐ Full Time ☐ Part Time _____ % ☐ Temporary

Vice President Approval Date: _____ **Funding Source:** _____

Cabinet Approval Date: _____ **GL #:** _____

Please ensure that account codes exist and are correct before submitting account code change forms and authorizations. Check Colleague/ACBL to ensure codes exist; if not, have the Business Office create your accounts before submitting form for signature.

For Classified Position: **No. of Hours** _____ **No. of Months** _____

Range _____ **Work Assignment Hours** _____

If a replacement: **Name of employee being replaced** _____ **and effective date** _____

Justification for replacement/new position. How does it specifically support Student Learning, a Strategic Plan goal, or an operational need(s)? (Use additional sheet if necessary):

Pursuant to Americans with Disabilities Act regulations and in order to accurately describe the position, please complete the Position Specification Sheet.

Requested by: _____ **Date:** _____
Supervisor/Director

Approved: _____ **Date:** _____
Vice President – Instruction or Student Services

Approved: _____ **Date:** _____
Vice President – Administrative Services

Approved: _____ **Date:** _____
Superintendent/President

Approved: _____ **Date:** _____
Associate Vice President – Human Resources

Upon approval, a copy will be forwarded to the initiating Supervisor/Director