



## PERSONNEL REQUEST FORM

1. Complete all required fields along with required signatures.
2. Form will be submitted to Human Resources to be directed to the appropriate approval path.
3. If approved, the President will forward the form to the Vice President of Human Resources and Labor Relations.
4. Results of your request will be made known to you by the Human Resources staff.

**Date of Request:** \_\_\_\_\_

**1. Cluster:** \_\_\_\_\_

**2. Position Title:** \_\_\_\_\_ **Classification:** \_\_\_\_\_

**Position Replacing** (Last person who held position): \_\_\_\_\_

**Position Location** (Campus & Room Number): \_\_\_\_\_ & \_\_\_\_\_

- a. This is a new position with a new job description (attach job description).
- b. This is a new position with an existing job description (attach job description).
- c. This is a replacement position using the existing job description (attach job description).
- d. This is a replacement position restructuring the existing job description(s) (attach revised job description(s)).
- e. This is a reclassification of a current position using an existing job description (attach job description).
- f. This position should be advertised as bilingual required, preferred or desirable and meets the following guidelines (1) The position directly interfaces with students and/or public and (2) the department experiences high demand for the identified language skills (oral and/or written):

If yes, justification:

**3. Position Details:**

- a. The position, is proposed as \_\_\_\_\_ (FTE \_\_\_\_\_ ) and (Months \_\_\_\_\_)
- b. Salary (see current job description):
  - i. Range: \_\_\_\_\_
  - ii. Monthly Salary (see salary schedule, multiply by FTE% if less than 1.0 FTE) \_\_\_\_\_
- c. Cost of Employer Paid Benefits: \_\_\_\_\_  
\*\*(PERS, FICA, Medicare, SUI, Workers' Comp = 29.403%, if less than 50% no PERS only FICA, Medicare, SUI, and Workers' Comp = 8.67%) (STRS, Medicare, SUI, and Workers Comp = 20.60%)
- d. Cost of Bilingual Stipend: \_\_\_\_\_
- e. Cost of Health and Welfare Benefits: \_\_\_\_\_  
(Costs are annual prices and reflect single only coverage from Classified allocation)



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Monthly Salary (x)	Months Working in Fiscal Year (x)	Bilingual Stipend 5% (if applicable)	Employer Paid Benefits** (see note item 3c for percentage)	Health and Welfare Benefits	Approximate Total Annual Salary (includes all benefits)
\$		\$	\$	\$	\$

f. Funding Source/ Account String (Please enter below)

Source of Funds	Fund	Organization	Account	Program	Activity	Percentage
						%
						%
						%
						%
						%
						%
						%

**4. Justification:**

a. Justification Narrative including impact of the proposed position on services or projects, proposed current and future workload, description how the proposed position provides support to the District Mission and potential impacts should the position remain unfilled:

b. Please explain in detail any regulatory requirements associated with this position:

c. Please explain in detail if this position affects health and safety operations or programs:

d. Fiscal impact:

Savings (\$ and brief narrative): \_\_\_\_\_

Cost neutral (narrative): \_\_\_\_\_

Requires an increase in the established budget (\$ and justification):

\_\_\_\_\_



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### 5. Required Documentation/ Attachments:

Job Description

Lined Out Job Description (if revised)

Five-Year Cost Projections

Current Organizational Chart

Future Organizational Chart (with workflow)

#### **Requestor:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### **Dean/Director:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### **Vice President/President:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### **Vice President Human Resources (Final Review):**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### **President Approval:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date