Print Form

STATE CENTER COMMUNITY COLLEGE DISTRICT
Human Resources

Original: Personnel Commission
Yellow: **Employee File**
Pink: Originating Office
Gold: Administrative Services

Campus Location: ☐DO ☐FCC ☐RC ☐MC ☐CC ☐OC ☐WI ☐Dist Operations

☐CLASSIFIED HIRING REQUISITION ☐PROVISIONAL/LIMITED TERM REQUISITION

Section I – To Be Filled Out by Hiring Department Date:_____

Classified Position/Title Requested: _____Dept: _____

If NEW Position, Date Approved by Board: _____

Due to: ☐Resignation ☐Termination ☐Promotion ☐New Position ☐Retirement ☐Transfer ☐Provisional ☐Limited Term
☐ Leave of Absence ☐Other_____

Person being replaced: _____ Position # (if on-going position):_____

Last Day on Payroll:_____ Number of Months per Year:_____ Number of Hours per Week:_____

Days Per Week: ☐**M** ☐**T** ☐**W** ☐**Th** ☐**F** ☐**S** ☐**Su** Work Hours:_____
Comments:_____
_____

Type of Position: ☐Full-Time ☐Part-Time ☐Provisional ☐Limited Term ☐Exempt_____

Desired Start Date: _____ **Budget Number:** _____

Dean/Supervisor: _____ Date: _____

VP of Administrative Svcs: _____ Date: _____

President: _____ Date: _____

Human Resources: _____ Date: _____

Section II – To Be Filled Out by Personnel Commission

Director of Classified Personnel: _____ Date: _____

Received by:_____ Date:_____ Advertisement Date (if no list available): _____

Testing Date (if no list available): _____Eligibility List Certified & Sent to Hiring Dept: _____ _____
Date Initials

List of Names Certified by Personnel Commission: [Line out if waived]

NAME
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

LATERAL TRANSFERS
1.
2.
3.
4.
5.

SELECTED CANDIDATE
Name: _____
Range_____ Step_____ Salary $_____
Start Date _____
Advanced Step Approval: _____ Date: _____

Please return all applications to the Human Resource Office
Creation date: 2/3/06, Updated 2/18/08