PERSONNEL REQUISITION FORM
(For Permanent Positions Only)

Approval Is Requested For the Following Action(s):

☐ **Advertisement of a Vacant or Detail Position (Specify Pos. No. below)**

☐ **Change in Staff Allocation**

☐ **Establishment of a New Classification**

Position Demographics:

Title: _____ **Div/Dept:** _____

Location: ☐ **Skyline** ☐ **CSM** ☐ **Cañada** ☐ **Chan Office**

Position No. (if a current position): _____ **% of F.T.** _____ **Mos Per Yr** _____

Salary Schedule: _____ **Salary Grade:** _____ **Last Incumbent:** _____

Labor Distribution: _____ **%** _____

(must total 100%) _____ **%** _____

Is this allocation currently budgeted? ☐ **YES** ☐ **NO**

Name of Categorical Fund (if applicable): _____ **Exp Date:** _____

Effective Date: _____

REASON FOR REQUESTED ACTION) : (attach additional sheets if needed)

REQUIRED: Proposed names to serve on selection committee. Please refer to Selection Procedures or the Human Resources Department for more detail.

SIGNATURE: _____ **Date:** _____

Division Administrator

SIGNATURE: _____ **Date:** _____

College President or Chancellor's Office Administrator

SIGNATURE: _____ **Date:** _____

Authorized Signature, Operations/Business Office