<table>
<thead>
<tr>
<th>Position/Title:</th>
<th>Date of Request:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td>Preferred Starting Date:</td>
</tr>
<tr>
<td>Months:</td>
<td>Hours per Week:</td>
</tr>
<tr>
<td>Supervisor:</td>
<td></td>
</tr>
</tbody>
</table>

**Group (Please check one):**
- Administrative
- Faculty
- Confidential
- Classified
- ASM

**Rationale:**
- Fill Vacancy
- New Position
- Reclassification: Current Vacancy

**Basic Function Description:** *Please attach job description*

**Justification for Hiring:**

**If vacant, how have activities been performed during vacancy?**

**What will happen if position is not filled?**

**Alternative(s) explored, other than new hire, and reason(s)/alternative(s) rejected:**

**Number of positions in department performing similar duties:**

**Included in Program Review?**
- Yes
- No
- Year

**Pre-employment Physical Required?**
- Yes
- No
- Don’t Know

**BUDGET: To be completed by Fiscal Services**

<table>
<thead>
<tr>
<th>Salary Range:</th>
<th>Column:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Benefits:</td>
<td>Level:</td>
</tr>
</tbody>
</table>
### FUNDING SOURCE

Describe how the position will be funded, the duration of the funding, and possible changes to funding that are anticipated:

____________________________________________________________________________________
____________________________________________________________________________________

- [ ] District (Fund 11)
- [ ] Grant (e.g., Fund 12)
- [ ] Categorical (Fund 12)
- [ ] Other: __________________________________________________________

Salary/Benefits already included in adopted budget:  
- [ ] Yes  
- [ ] No

<table>
<thead>
<tr>
<th>APPROVALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate Supervisor</td>
</tr>
<tr>
<td>Director of Fiscal Services</td>
</tr>
<tr>
<td>Salary budgeted up to $</td>
</tr>
<tr>
<td>Dean</td>
</tr>
<tr>
<td>Vice President</td>
</tr>
<tr>
<td>Date: ________</td>
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<td>Date: ________</td>
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Increase or reduction in assignment discussed or scheduled to be discussed with Bargaining Unit:

- [ ] CSEA
- [ ] CTA

Discussed with Bargaining Unit:  
- Date: __________

Cabinet:  
- [ ] Support  
- [ ] Do Not Support  
- Date: __________

Superintendent/President Approval  
- Date: __________

Comments/Rationale: