



**College of the Siskiyous
Position Requisition**

Position/Title:		Date of Request:	
Department:		Preferred Starting Date:	
Months:		Hours per Week:	
Supervisor:			
Group (Please check one): <input type="checkbox"/> Administrative <input type="checkbox"/> Faculty <input type="checkbox"/> Confidential <input type="checkbox"/> Classified <input type="checkbox"/> ASM			
Rationale: <input type="checkbox"/> Fill Vacancy <input type="checkbox"/> New Position <input type="checkbox"/> Reclassification: Current Vacancy			
Basic Function Description: <i>Please attach job description</i> <hr/> <hr/>			
Justification for Hiring: <hr/> <hr/>			
If vacant, how have activities been performed during vacancy? <hr/> <hr/>			
What will happen if position is not filled? <hr/> <hr/>			
Alternative(s) explored, other than new hire, and reason (s)/alternative(s) rejected: <hr/> <hr/>			
Number of positions in department performing similar duties: <hr/>		Included in Program Review? <input type="checkbox"/> Yes <input type="checkbox"/> No Year <hr/>	
Pre-employment Physical Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
BUDGET: To be completed by Fiscal Services			
Salary Range:		Column:	
Health Benefits:		Level:	

Taxes:		Step:	
Total Cost:			

Budget Account Number (s) from which salary will be paid:

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

APPROVALS

Immediate Supervisor _____ *Date:* _____

Director of Fiscal Services _____ *Date:* _____

Salary budgeted up to \$ _____

Dean _____ *Date:* _____

Vice President _____ *Date:* _____

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:
