**SHORELINE COMMUNITY COLLEGE**

**Personnel Requisition Form – Classified, Faculty, Admin/Exempt**

*Please complete digitally*

1. Position supervisor (or designee) completes all fields in the form below.

a. For new positions, classification/type must be confirmed with HR prior to pers req submission.

2**. Completed form is submitted to sccbudget@shoreline.edu to initiate the recruitment process.**

3. Budget will review to confirm if funding is in place, and then forward to the Executive Team (ET) for review.

4. ET will notify the position supervisor, Budget, and HR of the decision made.

5. Questions? Contact hr@shoreline.edu at any time.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Requestor Name | |  | | | Date of Request | | Click or tap to enter a date. | | |
| Position Supervisor | |  | | | Requestor Title | |  | | |
| Position Title | |  | | | Finance Dept | |  | | |
| Position FTE % | |  | | | HR Dept | | Choose an item. | | |
| Appointment Type | | Choose an item. | | | Position Type | | Choose an item. | | |
| Person Replaced  *(or “none”)* | |  | | | Contract Period | | Choose an item. | | |
| Salary Range | |  | | | Position Status | | Choose an item. | | |
| Funding End Date  *(if applicable)* | | Click or tap to enter a date. | | | Requested Start Date | | Click or tap to enter a date. | | |
|  | |  | | |  | |  | | |
| If you have increased the salary for this position, please explain the funding source for increase below | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| **Budget Code 1** (Fund/class/dept) | | |  | | | | | % |  |
| Budget Code 2 *(if applicable)* | | |  | | | | | % |  |
| **Combo Code 1**  (0002xxxxx) | | |  | | | | | % |  |
| Combo Code 2 *(if applicable)* | | |  | | | | | % |  |
|  | | | | | | | | | |
| ET Approval Date |  | | | ET Approval Signature | |  | | | |

Comments:

Rev 1.26.2024