**SHORELINE COMMUNITY COLLEGE**

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

*Please complete digitally.*

1. ET Member or Position Supervisor completes section 1 and **attaches current position description**

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Section 1**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Requestor Name | |  | | | Date of Request | | Click or tap to enter a date. | | | | |
| Position Supervisor | |  | | | Position Title | |  | | | | |
| Position FTE % | |  | | | Position Type | | Choose an item. | | | | |
| Finance Dept | |  | | | HR Dept | | Choose an item. | | | | |
| Appointment Type | | Choose an item. | | | Contract Period | | Choose an item. | | | | |
| Person Replaced | |  | | | Position Number**\***  *(if replacement)* | |  | | | | |
| 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. | | | | |
| **\***Position number can be found in ctcLink -> Manager Self Service -> My Team -> Choose employee being replaced | | | | | | | | | | | |
| \*\*If you have increased the salary for this position, please explain the funding source for increase below | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Proposed Screening Committee Members (3-5)**  **Subject matter experts and/or those familiar with the needs of the position** | | | | | | | | | | | |
| 1. Hiring Authority or Supervisor *Committee Chair*  2.  3.  May add up to 2 additional members for higher level positions. | | | | | | | | | | | |
| **I have attached the current position description.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Section 2**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Budget Code 1** (Fund/class/dept) | | |  | | | | | % | |  | |
| **Combo Code 1** (0002xxxxx) | | |  | | | | | % | |  | |
| Budget Code 2 *(if applicable)* | | |  | | | | | % | |  | |
| Combo Code 2 *(if applicable)* | | |  | | | | | % | |  | |
|  | | | | | | | | | | | |
| Budget Approval Date |  | | | Budget Approval Signature | |  | | | ET Approval Date | |  |

Comments: