



Personnel Request Form

Prepared By: _____

Position Requested: _____

Date: _____

Supervisor: _____

Department: _____

Proposed Start Date: _____

Job Group: Administrator Classified Exempt Faculty Part-Time Hourly/Temporary

<p>Position: _____</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Replacement for _____</p> <p><input type="checkbox"/> Permanent</p> <p><input type="checkbox"/> Temporary for _____ months</p>	<p>Employment Term:</p> <p><input type="checkbox"/> Full Time</p> <p><input type="checkbox"/> Other, please indicate: Months/Year _____ Hours _____ Days/Week _____</p>
<p>Proposed Job Posting:</p> <p><input type="checkbox"/> Regular <input type="checkbox"/> Internal Applicants Only <input type="checkbox"/> Appointment (Administrator & Exempt Only)</p>	

Budgetary Information:

Operating Budget Number Only _____

Is this position fully funded in the current operating budget? Yes No**

***If no, attach a detailed description of dollar amounts and sources of funding to be used to support this position. ***

Is this position grant funded? Yes No

Justification for Hire:

Proposed Advertising Means:

Regular (LCC website, newspaper, etc.)

Journals _____

List Serves _____

Other _____

Approved By:	
Supervisor _____ Date _____	Dean _____ Date _____
Vice President _____ Date _____	Cabinet _____ Date _____
President _____	Date _____

Required attachments: Completed job description and desired qualifications to Cabinet and an electronic copy to HR.