



LOS ANGELES COMMUNITY COLLEGE DISTRICT
PERSONNEL COMMISSION

CLASSIFIED STAFFING REQUEST FORM

Location:		Department:	
Initiator:		Phone Number:	Date:
President/Division Head Signature:			Date:
Vice President, Administrative Services Signature:			Date:
<p>INSTRUCTIONS: The signature of the President/Division Head attests that the duty statement that appears on the reverse of this form is true and complete; that the duties have been assigned to the employee by a duly authorized supervisor; and acknowledges submission of this request. <u>Attach an organization chart of ALL department employees.</u></p>			

ACTION REQUESTED		
<input type="checkbox"/> Replacement	<input type="checkbox"/> New Position	<input type="checkbox"/> Reclassification
<input type="checkbox"/> Change in Position (Basis, Shift, FTE)	<input type="checkbox"/> Change in Office Location	<input type="checkbox"/> SRP Vacancy
From: To:	From: To:	

POSITION CHARACTERISTICS			
Job Title of Vacancy:		Job Class Code:	Position No.:
Shift:		Basis:	FTE:
Employee Name:		Employee No.:	Work Days:
			Resignation Date:

FUNDING – Position must be fully funded at time of submission			
GL (Commitment Item):	Cost Center:	Fund:	Budgeted Dollars:
<p>Briefly identify how the funding for the position was generated including whether or not SRP, replacement, or transferred payroll is being used to fund the position.</p>			

JUSTIFICATION
Briefly explain the need for the position and how it relates to essential services or critical mission requirements.
What other organization and staffing methodologies and/or options have been explored and exhausted prior to submitting this request?
Briefly explain why reassignment of existing staff within the department or elsewhere at the college/location is not possible to meet the needs outlined in this request.
Briefly explain the urgency of the need and the consequences of not filling the position within a 3 to 6 month timeline.

STATEMENT OF DUTIES

List the duties assigned to the position, including supervisory duties. Begin with duties normally consuming the largest amount of time and/or most important. Be sure to indicate equipment operated, if applicable. **DO NOT COPY DUTIES AS LISTED IN THE CLASS DESCRIPTION.**

Duties	% of Time (Needs to add up to 100%)

SUPERVISION RECEIVED

Immediate Supervisor	Name:	Title:	Phone Number:
General Supervisor	Name:	Title:	Phone Number:

SUPERVISION EXERCISED

Job Titles	# Employees Supervised

RECRUITMENT PRIORITY REQUEST

Urgent	Important	Routine
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FOR DISTRICT OFFICE USE ONLY

APPROVALS	Disposition	Contact and/or Signature	Date
Budget Office	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Personnel Commission	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Chancellor	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		