



**LOS ANGELES COMMUNITY COLLEGE DISTRICT  
HUMAN RESOURCES**

**ACADEMIC STAFFING REQUEST FORM**

Location:		Department:	
Initiator:		Phone Number:	Date:
President/Division Head Signature:			Date:
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 or list of ALL department employees.</u>			

ACTION REQUESTED		
<input type="checkbox"/> Replacement	<input type="checkbox"/> New Position	<input type="checkbox"/> SRP Vacancy

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

FUNDING – Position must be fully funded at time of submission			
GL (Commitment Item):	Cost Center:	Fund:	Budgeted Dollars:
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.			

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.

**Duties & Responsibilities****SUPERVISION RECEIVED**

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

**SUPERVISION EXERCISED**

Job Titles	# Employees Supervised

**RECRUITMENT PRIORITY REQUEST**

<input type="checkbox"/> Urgent	<input type="checkbox"/> Important	<input type="checkbox"/> Routine
---------------------------------	------------------------------------	----------------------------------

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