

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
Office of Human Resources and Equal Opportunity
STAFFING REQUISITION

<input type="checkbox"/> Administrator <input type="checkbox"/> Faculty <input type="checkbox"/> Supervisor <input type="checkbox"/> Classified <input type="checkbox"/> Classified Hourly
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Position Title: _____ Grade: _____

Campus: _____ Hiring Location: _____

Check all applicable to the type of position indicated above:

<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Categorically/Grant Funded
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time % Of Part Time _____	
Work Days <input type="checkbox"/> MTWTHF <input type="checkbox"/> Other (Specify) _____	Number of Working Months <input type="checkbox"/> ADO <input type="checkbox"/> ADO + Summer <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Work Hours <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Grave <input type="checkbox"/> Weekend

Requesting Manager (print name): _____ Date: _____ Ext: _____

Verification of Position Funding / Authorization to Fill
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Position Number: _____ Name of former employee: _____

Reports to Position Number: _____ (liquid office approver) Supervisor's Name: _____

INDEX: _____ FOAP: _____ - _____ - _____ Percent (%): _____

INDEX: _____ FOAP: _____ - _____ - _____ Percent (%): _____

Campus Budget Verification (DA or FH) (signature/print name): _____ Date: _____

VP, Finance & Educational Res (DA) (signature): _____ Date: _____

College President/Designee (DA or FH) (signature/print name): _____ Date: _____

Assignment of EEO Representative (DA) (name): _____

For Human Resources Use Only

Human Resources Director (signature): _____ Date: _____

District Budget Verification (signature): _____ Date: _____

Announcement #: _____ Open Date: _____ Close/1st Review Date: _____

Classification: _____ Personnel: _____ Date: _____

_____ FTE Salary: \$ _____

_____ Hiring Location _____ 39-Mo Re-Employment List _____ Transfer Request List

Name of Hire: _____ Grade/Step: _____ Hire Date: _____