

POSITION APPROVAL FORM

Position Title:	Expected Start Date: _	
Department:	Supervisor:	
Budgeted Salary:	Budget Code:	
Reason for Request:		
□ Replacement? Employee leaving:	Date person is leaving:	
□ Reassignment? Y□ N□ If Yes, please explain:		
Did this job change? Y□ N□ If Yes, please explain:		
□ New Position □ Temporary Hire □ Other:		
Type of Position (Check All That Apply):		
 □ Regular (Personnel Policies of the Board of Trustees) □ Faculty (Faculty Association Agreement) □ 12 Months □10 Months (Faculty only) □ CADA (Chairpersons, Administrators, and Directors Association) □ CSEA Contract □ Temporary Assignment/Temporary Appointment/Grant Funded □ Temporary □ Manpower □ Kelly Services □ Other Temporary Dates: to 		
Change in Work Schedule: Y□ N□ SCCC shall notify CSEA at least seven (7) days in advance of any change in working methods or working conditions, except where such change is required because of an emergency or major disaster over which the Employer has no control.		
Work schedule: Days/Week: M□ Tu□ W□ Th□ F□ Sat□ Su□		
Status: ☐ Full-Time ☐ Part-Time Hours	/Day:Hours/Wed	ek:
☐ Job description attached/Duties noted below:		
□ Post job on SCCC Website: Y/N □ Post job to additional Recruitment Sites: Y/N		
Supervisor:		Date:
Division Vice President/Executive Director:		Date:
Vice President of Administration:		Date:
Executive Director of Human Resources:		Date:
President:		Date: