**Request to Hire Form**

***(not for part-time employees)***



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| **REQUESTOR’S INFORMATION** | | | |
| Name: | Department: | | Date: |
| **TYPE OF HIRE REQUESTED** | | | |
| |  |  | | --- | --- | |  | Full-time Classified Staff (i.e. non-faculty that work 30-40 hours per week) | |  | Short-term Classified Staff (i.e. non-faculty that work 30-40 hours per week, but have an end date on their employment) | |  | Temporary Reassignment (i.e. employee that transfers into a short-term position, but has reversion rights to their previous position) | |  | Short-term Faculty (i.e. faculty that work 30-35 hours per week, but have an end date on their employment) | |  | Short-term Renewal (i.e. extension of a current short-term employee to a new end date) | | | | |
| **POSITION INFORMATION** | | | |
| HCM Position Title:  Working Title (if applicable):  HCM Position Number:  Account # or Grant # (i.e. HCM Chartfield):  Work Calendar:  12 Months  Other      \_\_\_\_\_\_\_\_\_  Work Days:  Work Hours: | | Is this request to replace a budgeted position?  Yes, enter name of previous employee:  No  Is this request for a new position?  Yes  No | |
| Desired Start Date:  End Date (if short-term): | | If this request is to renew a short-term position, indicate how the position was previously funded: | |
| **INCLUDE THE FOLLOWING DOCUMENTS** | | | |
|  | | | |
| 1. Justification for the Request to Hire (include any metrics/data that you feel is relevant) | | | |
| 1. Organizational/Departmental Chart 2. HCM Job Description | | | |
| **APPROVAL TO SUBMIT FOR CONSIDERATION** | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor/Department Chair Date | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vice President/Administrator Date | |
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| STOP HERE! | | | |
| Please print and submit one (1) completed packet to the office of Business Services in the Administration building.  Packets received by 12:00pm on Friday will be placed on the agenda for the Council’s upcoming meeting on Monday. | | | |
| **PRESIDENT’S EXECUTIVE COUNCIL** | | | |
| Date Discussed: Vote Count:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Budget Administrator Date | | Approved for Hire?  Yes  No  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  College President Date | |