



Office of Human Resources

Request to Hire Form

Directions: Because this form is fillable, all areas can be completed on your computer, including signatures. For expediting and routing purposes, this form will only be accepted through email. Hard copies will no longer be accepted. Email Subject Line: "Request to Hire Form" to Francine Baldwin fbaldwin@lbcc.edu.

Please select one of the following:

NEW POSITION (Creating a complete new position in your department.)
REPLACEMENT POSITION (Filling a vacant position)
REORGANIZATION (Making a permanent personnel change in your department)
LIMITED TERM POSITION (LTE)
STUDENT WORKER POSITION
PROFESSIONAL EXPERTS POSITION
SEASONAL POSITION

Name of individual you recommend (if known), for position request:

Logistics for the Position:

Full-Time Position, Part-Time Position, Assignment FTE%, Total Hours of Assignment, Desired start date

For Staff Positions - Shift Hours: AM PM to AM PM
Months Per Year: Number of Vacancies:

(where individual will physically be working) # LAC PCC
Supervisor individual will Report Department (TARS location)

Account to be charged:

Budget Impact (ONLY fill out this section for the following requests: NEW; REPLACEMENT; or REORGANIZATION Positions)
RESTRICTED FUNDS, GENERAL FUNDS, NONE/UNFUNDED
Position #: (Office use only)

Table with 2 columns: Current Funding Source(s), Proposed Funding Source(s). Rows for GL Acct.# and %.

I certify the following:
Reviewed with and approved by the area Vice President.
Reviewed budget and there is funding for the position being requested. Communicated with appropriate personnel in Fiscal Operations to confirm budget for the position.
Requesting Manager (typing my full name signifies my signature):
Title: Ext.: Date:

For Office Use Only

Name of Individual in Fiscal who received and check this document: _____ Date Received: _____

Changes made from Fiscal Operations (Please initial by the changes you made):

_____ Made changes to Account to be charged .

_____ Made changes to Current annual salary/benefit costs.

_____ Made changes to Proposed annual salary/benefit costs.

_____ Made changes to Request to Change Funding Sources.

APPROVED

NOT APPROVED

Notes/ Rationale: _____

Date Human Resource Representative received this form from Fiscal Operations: _____