## **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 NEOGOV. Hard copies will no longer be accepted.

Please select one of the following:

Theuse select one of the following.								
<b>NEW POSITION</b> (Creating a complete new Proposed Classification/ Title:						o	<sup>.</sup> 7u-	
REPLACEMENT POSITION (Filling a vaca	ant position)	Position va	cated	(employe	ee name):			
Current Classification/ Title:							nment FTE%	
REORGANIZATION (Making a permanent					/ T:+lo		nment FTE%	<i>i</i> :
Current Classification/ Title:	Current	t Classification			ication/ Title: _			
LIMITED TERM POSITION (LTE)  Hours per week:								
					End Date: _			
PROFESSIONAL EXPERTS POSITION Hours per week:	Current Classification/ Title: End Date: End Date:							
SEASONAL POSITION								
Hours per week:		Desired Start Date: End Date: _						
STUDENT POSITION	Current Classification/ Title:					Other:		
Hours per week:					End Date: _			
I am hiring a Student Assistant and								./
I am hiring a Student Assistant and								
Name of individual you recommend (if kn	nown), for p	oosition rec	uest:					
Logistics for the Position:		,	<u></u>					
For Staff Positions - Shift Hours:	AM	PM to_			AM PM <b>Job</b>	туре:		
Months Per Year:				For Student I	t Positions Only. If you are requestions attach a completed Student L	questing to hire more th	han one vacancy for thi	is position
) (where individual will physically be v						Og excer sinces	LAC	PCC
Supervisor Individual will Report					nt (TARS code):			
<b>Comments</b> (for LTE positions, provide rationale fo	or the short-t	erm need).	Hourry	y Pay Nate	! (LTE, Seasonal, PE, 8	k Student Position	ons) \$`	
Account to be charged: GL Acct.#			%	6	If you have more than one numbers and the % under	e account to be charger r the "Current Funding	d, please place any add Source(s)" area.	ditional account
Budget Impact (ONLY fill out this section for the follow	wing requests:	NEW; REPLACEN	<b>ΛΕΝΤ</b> ; or f	REORGANIZA	TION Positions)			
RESTRICTED FUNDS	GENI	ERAL FUNDS		NONE/UI	NFUNDED	Position	#:	
Special Program. End Date:	Sale				Tatal	(Office use onl		
Current annual salary/benefit costs(Replacement/Reorg.)	Sala		ċ	Benefits	Total			
Proposed annual salary/benefits costs (New/Reorg.):	\$ \$	+ +	\$ \$		= \$ = \$			
Request to Change Funding Source(s):	7			Difference				
Current Funding Source(s)				Pro	oposed Funding	Source(s)		
GL Acct.#	%	G	L Acct.#	‡			%	
GL Acct.#			L Acct.#					
GL Acct.#	%		L Acct.#		<u></u> 		%	
I certify the following:								
Reviewed with, and approved leading for this personnel, as needed.  I understand LBCC's Nepotism l	is position (	and have co	ommun	nicated wi	ith appropria	ate Fiscal S		
Requesting Manager (typing my full name	e signifies r	ny signatur	e):					
Title:				<b>-</b> .	ı	Date:		