

MT. SAN JACINTO COMMUNITY COLLEGE DISTRICT

Human Resources Services Request (HRSR)

SEQUENCE NO:
 BUDGET CODE (Mandatory):
 DIV/DEPT:

DATE PREPARED:
 PREPARED BY:
 IMMEDIATE SUPERVISOR:

■ **ACTION REQUESTED**

_____ Hire _____ Rehire _____ Recruitment _____ Stipend
 _____ Overload _____ Extra Assignment _____ Termination _____ Other
 Substitute for: _____ Replacement for: _____ New Position

■ **TYPE OF ASSIGNMENT**

_____ Academic _____ Classified _____ Administrative _____ Supervisory
 _____ Confidential _____ Other (i.e., Substitutes, Professional Experts, and Short Term Employees)
 _____ Full-time _____ Part-time _____ On-going (Regular) _____ Not On-going (Temporary)

Please provide an explanation for temporary assignments:

■ **POSITION INFORMATION (TO BE COMPLETED BY DEPARTMENT)**

Employee Name: _____ Employee No.: _____
 Position Title: _____ Worksite location (campus): _____
 Start Date: _____ End Date: _____
 Complete **ONLY** if hrs are being changed: FROM _____ Hrs/Wk.
 Hours per week **OR** total hours for assignment: TO _____ Hrs/Wk.
Classified contract length: _____ 10 months _____ 11 months _____ 12 months

Daily work schedule REQUIRED (indicate the days and times employee will be scheduled to work):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total wkly hrs
Example:		8 – 4:30	9 – 5:30	8 - 4:30	9 – 5:30	8 – 4:30		40

STOP! (TO BE COMPLETED BY HUMAN RESOURCES)

Budget: Level: _____ Step - From: _____ To: _____ CWA Union Dues Eligible
 Rate – Min: \$ _____ Max: \$ _____ Schedule: _____
 Placement: Level _____ Step _____ Rate \$ _____ Schedule ID: _____
 Benefits: Full _____ Partial _____ None _____ No Change _____ HR Analyst Initials: _____
Comments: _____

■ **SIGNATURES**

Director/Dean Comments: _____ Date: _____	Vice President Comments: _____ Date: _____
Business Services(Budget Approval) Comments: _____ Date: _____	Human Resources Comments: _____ Date: _____

Position: _____ Name: _____
 Board Authorization Date (s) _____