HIGHLINE COLLEGE

Staffing Request

☐ Administrative ☐ Exempt
☐ Classified ☐ 1000-Hour

SECTION 1: To be completed by requesting department

Requesting Department	Contact Person	Budget No. (s) % Dist.
Position Requested	Date Requested Date Needed	Signature

☐ REPLACEMENT – Person Replaced _____ Date Left _____

☐ NEW POSITION ☐ GRANT FUNDED Date of Grant renewal _____

☐ RETURNING TEMPORARY EMPLOYEE _____

POSITION INFORMATION: (**ATTACH Job Description)**

Hours of work: From _____ am/pm to _____ am/pm Days/Week: ☐ Su ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa

Number of months of employment: 12 11 10 Other _____ Requested Salary (Exempt Only) _____

If position is less than 12 months, designate work schedule: _____

Supervisor: _____ Work Location: Building _____ Office _____ Mailstop _____

Recruitment Information: Assistance Needed: ☐ YES ☐ NO

**Specify Journals, newspapers, websites, listservs for advertising purposes:

Budget to be charged: Amount:

SECTION 2: To be completed by Human Resources Department

_____ _____ _____ per _____ _____
Title Job Class Code Salary Range & Step

BENEFITS: ☐ Insurance ☐ Retirement ☐ Sick Leave ☐ Annual Leave ☐ Paid Holidays ☐ Shift Differential

SECTION 3: Approval signatures and dates

_____ ____/____/____ APPOINTING AUTHORITY	_____ ____/____/____ HUMAN RESOURCES DIRECTOR
_____ ____/____/____ BUSINESS OFFICE	_____ ____/____/____ PRESIDENT

Final Hiring Information: (To be completed by Human Resources Department)

Name: _____ Hire Date: _____

Increment Month (Classified Only) _____ Annual Salary Rate _____ Pro-Rated Salary _____