



IMPERIAL COMMUNITY COLLEGE DISTRICT

HUMAN RESOURCES

REQUEST TO HIRE FACULTY/CLASSIFIED EMPLOYEE

Date Submitted: _____ Dept/Program: _____

Name and Title of Requesting Authority: _____

1. The position you are filling is (check as applicable):

- Vacant **Faculty** position
 Full-time (BP 7210) Part-time (E.C. 87482.5) Non-Credit
- Substitute for absent **Faculty** (E.C. 87481) Full-time Part-time
 Name of Absent Employee: _____
 Reason for Absence: _____
- Temporary **Faculty** position due to higher enrollment (E.C. 87482)
(Maximum employment of two semesters in any consecutive three-year period).
- Authorized Vacant (open) **Classified** position
 Date position is open and vacant: _____
 Target fill date: _____
- Substitute Employee for an absent **Classified** employee (E.C. 88003)
(Maximum 60 days of employment)
 Name of Absent Employee: _____
 Reason for Absence: _____
- Short Term Employee – “to perform a service for the district, upon the completion of which, the service required or similar services will not be extended or needed on a continuing basis” (E.C. 88003; *Maximum 60 days of employment. The difference between a substitute and a short-term employee is that a substitute employee temporarily fills in for an absent regular employee; a short-term employee is an additional temporary employee.*)
- NOTE: A completed Request for Approval of Short-Term Position form must accompany this Request to Hire form (see attached.)**

2. Description of Position:

Position Title: _____
NOTE: The position title and classification for a short-term position shall be determined based on the information from the Request for Approval of Short-Term Position form.

Is this a new or existing Classification Specification? New Existing
(Attach new or current classification specification)

Beginning date: _____ Ending Date: _____

Months of Service: _____ Salary Range: _____ Hourly Salary: _____

Number of Hours Per Week: _____ Work Shift: _____

Position reports to: _____

Person to be Hired (if applicable)

Name: _____ SSN: _____

Home Phone: _____ Address: _____ City/Zip Code _____

3. Funding:

Please identify the sources of funding that will be used to support this position, consider potential funding changes (e.g. reductions) that may be forthcoming.

Is this position in the current year's budget? Yes No

Does this position commit future district funds? Yes No

How long has it been vacant? (if applicable) _____

If funding from more than one source, provide percentage of funding from each source. If account(s) or funds cannot be verified due to an invalid account or lack of funding, the Request to Hire form will be returned to the requesting department. Funding can only be verified on all full-time positions and classified part-time positions. Funding for adjunct faculty positions must be verified at the division level based on the number of adjunct positions approved during the budget process, and the Business Office will verify that funding is available at the time the Request to Hire form is received

- District Account Code: _____ Percentage: _____
- Categorical
- Federal Account Code: _____ Percentage: _____
- State Account Code: _____ Percentage: _____
- Other (*explain below*) Account Code: _____ Percentage: _____

4. Justification:

Is filling this position critical for one or more of the following? (a) Accreditation; (b) regulatory compliance; (c) to meet a contractual or other legal obligation; (d) to meet an academic need or transfer/graduation rate; (e) as part of a reorganization; (f) essential to the ongoing operation or service level of a program or department; (g) other purpose of similar importance? Explain:

5. Alternatives:

If the position is currently unfilled, has the department or program been able to perform the duties or responsibilities? Explain:

Has the department or program explored other ways to perform the duties and responsibilities (i.e., enhanced automation, short-term employment, temporary out of class assignment)? Explain:

6. Approval:

Requesting Authority: *I hereby acknowledge that I have verified the funding source and that there are adequate monies in my department budget to fund the position.*

Signature: _____ Date: _____

Director/Administrator: Approved Disapproved

Reason for disapproval: _____

Signature: _____ Date: _____

Vice President/President: Approved Disapproved

Reason for disapproval: _____

Signature: _____ Date: _____

Director of Fiscal Services Funding Verified

Comments: _____

Signature: _____ Date: _____

*****For Use by Human Resources Office Only*****

CHRO review of Form and Position Description

Signature: _____ Date: _____

Assigned to : _____ Position Control Number: _____

**IMPERIAL COMMUNITY COLLEGE DISTRICT
HUMAN RESOURCES OFFICE**

REQUEST FOR APPROVAL OF SHORT-TERM POSITION

(THIS FORM MUST ACCOMPANY THE REQUEST TO HIRE FORM TO REQUEST A SHORT-TERM EMPLOYEE)

Background

Assembly Bill 500 (AB500) amended Education Code Section 88003 to require that “before employing a short-term employee, the governing board shall specify the service to be performed by the employee, and shall certify the ending date of service.” Additionally, Education Code Section 88003 further states that “‘short-term employee’ as used in this section, means any person who is employed to perform a service for the District, upon the completion of which, the service required or similar service will not be extended or needed on a continuing basis.”

In order to comply with the provisions of Education Code Section 88003 (as amended) each Request to Hire form requesting a short-term employee will require this information and the Dean/VP’s certification.

The position title and classification for a short-term position shall be determined based on the information provided below. Short-term employees must meet the minimum qualifications for the classification. The determination of whether a prospective short-term employee meets the minimum qualifications for the classification shall be based on the education and experience requirements for the classification and, if applicable, successful completion of a skills demonstration examination.

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1. Reason(s) short-term position is required (i.e., conversion, special project, etc.). Please be specific.

2. Duties /tasks to be performed: (The information provided will be used to (1) determine the appropriate classification for the short-term assignment, and (2) develop the resolution for approval of the position by the Board.) Attach additional sheets if necessary.

3. Dates of service: From: _____ To: _____

I certify that the short-term position and the service(s) being requested will not be extended or needed on a continuing basis.

Vice President and/or Dean

Date

*****FOR USE BY HUMAN RESOURCES OFFICE ONLY*****

Classification: _____ Salary Range/Step: _____