

# TRINIDAD STATE JUNIOR COLLEGE

## Personnel Requisition/Change Form

Department: \_\_\_\_\_

Date: \_\_\_\_\_

Approved decision items must be attached for all position categories except existing vacant positions at the same rate of pay (no increase).  
**Charges for Background Check information and Advertising will be billed to the org code listed below.\***

Employee's Name: \_\_\_\_\_

Employee's ID: \_\_\_\_\_

\*Final Annual Base Salary: \$ \_\_\_\_\_

*\*Completed by Personnel Office*

**ACTION:**

Request to Create New Position (Job description attached)  
*[If Increase—Approved Budget Decision Item must be attached]*

Request to Fill an Existing Vacant Position (Attach job description & required skills)  
*[If Increase—Approved Budget Decision Item must be attached]*

**Replacing (Name):** \_\_\_\_\_ **Replacing Base Salary:** \$ \_\_\_\_\_

Request to Reclassify an Existing Position (Job description attached)  
*[If Increase—Approved Budget Decision Item must be attached]*

Request to Increase/Decrease the FTE of an Existing Position from \_\_\_\_\_ FTE % to \_\_\_\_\_ FTE %

Other \_\_\_\_\_

Full-Time Position:  Prof. Technical - Position # \_\_\_\_\_  Administration - Position # \_\_\_\_\_  Classified - Position # \_\_\_\_\_  
*~ (Please check box) ~*

Temporary Position: *From:* \_\_\_\_\_ *To:* \_\_\_\_\_  Hourly  Contract  
*Date Date ~ (Please check box) ~*

**\*Position Title:** \_\_\_\_\_ **% of Appointment:** \_\_\_\_\_ %

**Requested Starting/Effective Date:** \_\_\_\_\_

**Base Salary:** \$ \_\_\_\_\_  Increase  Decrease to Operating Budget: \$ \_\_\_\_\_  
*~ (Please check box) ~*

**Approximate Cost of Benefits (Estimate 18% of Salary Base)** \$ \_\_\_\_\_

**SOURCE OF FUNDS:**

Acct Type (circle one)	Org Code Name	% of Funding	*Org Code	FOAP Number <i>(Finance will fill-in)</i>
GF A G GP				
GF A G GP				
GF A G GP				

**KEY:** GF = General Funds, A = Auxiliary, G = Grant Other, GP = Grant Perkins

1. **Person Making Request:** \_\_\_\_\_ Date: \_\_\_\_\_
2. **Vice President for Requesting Area:** \_\_\_\_\_ Date: \_\_\_\_\_
4. **Budget Approval (Org Code Confirmation):** \_\_\_\_\_ Date: \_\_\_\_\_
5. **Budget Approval (Finance):** \_\_\_\_\_ Date: \_\_\_\_\_
6. **Executive Staff Review:** \_\_\_\_\_ Date: \_\_\_\_\_
7. **Human Resources Director:** \_\_\_\_\_ Date: \_\_\_\_\_

**(Personnel Use Only)** \_\_\_\_\_ **(PR # \_\_\_\_\_)**

Agency Contacted: \_\_\_\_\_ Date: \_\_\_\_\_

Person(s) Referred: \_\_\_\_\_ Date: \_\_\_\_\_

Please note--if you do not fill in the **Org Code** or other required information this form will be returned for more information.