Print Form

ANOKA RAMSEY COMMUNITY COLLEGE — POSITION REQUEST FORM

Requestor/Supervisor _____ **Department** _____ **Date** _____

Type of Request *(Check all that apply)* ***Please Remember to include an org chart for any changes in classification or new positions. A current signed position description must be attached for all vacancies/positions.***

- ☐ Establish New Position
  - ☐ Classified
  - ☐ Unclassified
- ☐ Fill Vacant Position
  - ☐ Same job classification
  - ☐ Reclassify position
- ☐ Reclassification of Current Employee
- ☐ Interagency Agreement between State agencies
- ☐ Reassignment
- ☐ Work Out of Class Length of Appointment _____ Reason _____
- ☐ Mobility ..... Length of Appointment _____
- ☐ Temporary (Maximum of 12 months in **any** 24 month period)
  Length of Appointment _____ Reason _____
- ☐ Emergency (maximum of 45 days)
- ☐ Extension of Emergency or Temporary Assignment
  Proposed Extension _____
- ☐ Change Position from Temporary/Emergency to Permanent
- ☐ Intermittent Appointment
- ☐ Cost Center Change or Assignment Change
- ☐ Increase or Decrease in FTE or number of hours of work

Proposed Class:	Proposed Salary:	Working Title:	PCN:
Department:	Current/Prior Salary:	Name of Incumbent or Previous Incumbent(circle one)	Campus:

Employment Condition/Shift-Hours

☐ Full-time ☐ Part-time ☐ Intermittent _____ % of Time _____ Hrs. assigned *(ex: 8 a.m. - 4:30 p.m.)*
☐ Unlimited ☐ Seasonal (Dates:) _____

Will employee be required to travel: Yes ☐ No ☐

Proposed Start Date _____ Percent of travel time: _____ % _____ % of time on VCT/CRT screen
Proposed End Date _____

Brief description of responsibilities. Attach position description.
Qualifications (If OAS/CSS Series attach Position Qualifications):

Cost Center	Percent	Funding
_____	_____	_____
_____	_____	_____
_____	_____	_____

Position Budgeted:
Yes ☐ No ☐

_____ _____
Supervisor/Administrator **Date** **Vice President** **Date**

Approved ☐ Disapproved ☐

_____
President **Date**

_____
Kelsey Schwartzrock **(signature required for new positions only)**

Human Resources

Approved ☐ Disapproved ☐

Reason _____

_____
Human Resources Director **Date**

Effective Date _____

Rev. 06/15/10