

GRCC Position Authorization Form

Use for full-time, part-time, or grant funded positions

This form must be completed, signed, and returned to Human Resources with an updated copy of the position description and written justification before any positions are approved or eliminated. **Any section of the form not completed may delay the process.**

Position Title *(or proposed title)* _____ Number of Positions _____ Effective Date _____

Department _____ Reporting to _____

Work Year *(weeks/hours)* _____ Expiration Date _____ Bargaining Unit _____

Type Full time Part-time Grant Funded

New Position Yes No Additional Office/Lab Space or New Computer Setup requested Yes No

PLEASE CHECK THE TYPE OF POSITION OR CHANGE FOR THE POSITION

- New position requiring new GRCC funding
- New position or reappointment funded from grant – Identify grant, funding start and end dates and name _____
- Replacement position funded from vacant position – replaces *(name)* _____
- Reappoint Interim/Temporary employee *(name)*: _____ Start date _____ End date _____
- Title change. Reason for title change _____
- Position eliminated. Provide reason _____
- Change REPORTS TO *(and reason)* _____
- Hold- Leave position unfilled for 30 days 60 days 90 days Other _____
- Department Name Change

BUDGET INFORMATION Total dollars requested \$ _____ Amount required this fiscal year \$ _____

- Open position; current account # _____
- New dollars approved through budget process; account # _____
- Approved grant funds; account # _____ Hiring salary range \$ _____

- IF THIS POSITION IS GRANT FUNDED, ATTACH THE GRANT FUNDING STATEMENT/SUMMARY FOR FINANCIAL SERVICES REVIEW.
- POSITION DESCRIPTION MUST BE ATTACHED WITH CHANGES HIGHLIGHTED. FOLLOWING APPROVAL OF THE SUPERVISOR/DEAN AND APPROPRIATE VICE PRESIDENT, THIS FORM MUST BE FORWARDED TO HUMAN RESOURCES FOR PROCESSING.

	Signature	Date
Supervisor/Dean	X	
Appropriate Vice President	X	
Executive Director of Human Resources	X	
Vice President for Finance and Administration	X	
President	X	

Open Position Justification & Review

Department/Program: _____ Position _____

Justification or request or rationale for change (It is important to complete this section as it helps in the decision making process)

PLEASE ATTACH A COPY OF THE JOB DESCRIPTION

Vice President review and approval _____ Date _____

To be completed by the BCO (completing the following information will expedite internal processes for a smooth on-boarding experience for the new employee and supervisor)

<p>PeopleSoft Access</p> <p><input type="checkbox"/> CS Prod - CS Roles: Same access as _____ (name)</p> <p><input type="checkbox"/> FS Prod – Financials FS Roles: Same access as _____ (name)</p> <p><input type="checkbox"/> HR Prod – Same access as _____ (name)</p>
<p>Email Groups Needs <input type="checkbox"/> All Staff <input type="checkbox"/> Registration <input type="checkbox"/> Adjunct Faculty <input type="checkbox"/> Faculty <input type="checkbox"/> Campus Police</p> <p><input type="checkbox"/> Meet & Confer <input type="checkbox"/> APSS <input type="checkbox"/> CEBA <input type="checkbox"/> Post-It Board <input type="checkbox"/> Other _____</p>
<p>Network Access Needs <input type="checkbox"/> S:Drive (please provide path) S:_____</p> <p>S:_____</p>
<p>Phone <input type="checkbox"/> Voicemail Only <input type="checkbox"/> Use Existing Extension (Indicate Extension) _____</p> <p><input type="checkbox"/> New Phone (Include departmental charge-back account number) _____</p>
<p>Key(s) Needed Office Location: Room/Building _____</p> <p><i>To be completed by Campus Police Department</i></p> <p>Key# _____ Door(s)/Lock(s) to be Opened _____ Building _____</p> <p>Key# _____ Door(s)/Lock(s) to be Opened _____ Building _____</p> <p>Key# _____ Door(s)/Lock(s) to be Opened _____ Building _____</p> <p>Supervisor's Name _____ Supervisor's Signature _____ Date _____</p>

PAF/ On-Boarding form should be sent the Tuesday before a Monday NEO in order to ensure all access is created.

Human Resources Use Only

Name _____ Employee ID _____

First MI Last

Title _____ Dept _____ Reports to _____ Start Date _____

After new hire accepts the position, the HR Representative will send a PDF copy to ITHelp, Wilson, Whitman, Barnum, Patrick, Hurley, Supervisor and APSS for Supervisor.

