

<b>LOS ANGELES COMMUNITY COLLEGE DISTRICT</b> <b>Personnel Commission</b>  <b>CLASSIFIED STAFFING</b> <b>REQUEST</b>	Location	Control Number
	Initiator/Phone Number /( ) - ext. _____	Date
	Supervisor/Phone Number /( ) - ext. _____	Date
	President/Division Head	Date

**Instructions:** The signature of the President/Division Head attests that the duty statement that appears on the reverse of this form is true and complete; that the duties have been assigned to the employee by a duly authorized supervisor; and acknowledges submission of this request. In the event of disagreement regarding the duty statement or need for a study, a signed statement outlining the disagreement should be attached and the request forwarded to the Personnel Commission. Contract timelines may apply.

<b>ACTION REQUESTED: (Check One)</b>			
<input type="checkbox"/>	Establish a New Position (Complete Sections 1, 2 & 3; submit a copy of an organization chart incl. the new position)		
<input type="checkbox"/>	Reclassification of a Filled Position (Complete Sections 1, 2 & 3; submit a copy of an organization chart)		
<input type="checkbox"/>	Reclassification of a Vacant Position (Complete Sections 1, 2 & 3; submit a copy of an organization chart)		
<input type="checkbox"/>	Change a Position as follows: (Complete Sections 1 & 2)		
	From: <span style="float: right;">To:</span>		
Change in Basis (PSA)	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr></table>		
Change in Shift	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr></table>		
Change in FTE	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr></table>		
Change in Office Location	<table border="1" style="width: 100%;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr></table>		

<b>SECTION 1</b>					
Job Title (of new or existing position, whichever is applicable)			Job Class Code	Office (Org. Unit)	
Position No.	Assignment Basis (PSA)	EE Sub Group Code	Work Shift	FTE	Daily Hours
Work Days	GL (Commitment Item)	Cost Center/WBS	Fund		
Incumbent's Name: (Complete only if position is filled with a regular incumbent)				Employee Personnel Number:	

<b>SECTION 2</b>
Briefly state the reason for your request. If the request is to reclassify a position, your statement should include information such as why the duties of the position have changed, when the change occurred, technological, procedural, organizational, and staffing changes which may have impacted the position, and the requested position title.

<b>PERSONNEL COMMISSION OFFICE USE ONLY</b>	
Position Allocated to the Class of: _____	Notes:
_____ Personnel Director	_____ Date

**SECTION 3**

**Statement of Duties:** List duties assigned to the position, including supervisory duties. Begin with duties normally consuming the largest amounts of time. Be sure to indicate machines or equipment operated, if applicable. List licenses required, if applicable. Attach additional pages as needed. **DO NOT COPY DUTIES AS LISTED IN THE CLASS DESCRIPTION.**

<b>Duties</b>			<b>% of Time</b> (needs to add up to 100%)
<b>Supervisors</b>			
Immediate Supervisor	Name	Title	Phone Number ( ) - ext.
General Supervisor	Name	Title	Phone Number ( ) - ext.
<b>Supervision Exercised:</b>	Class Title(s)		No. Supervised

**Note:** Forward completed form to the Personnel Commission Office at the District Office. If you have any questions pertaining to the completion of the form, please call the Personnel Commission Office at (213) 891-2333.