

Orange County Community College
Budget Request 2014 - 2015

Position Authorization Request Form

Job Title (if known)

Department

Tentative classification of position: Faculty _____ Staff _____ CSEA _____

Description of Position:

Position is: Permanent _____ Temporary _____ Seasonal _____
 Full-time _____ Hourly _____ Part-time _____
 10 months _____ 12 months _____ Semester or Term _____

If less than full -time, indicate hours per week _____ or Semester _____

Position to be filled by (Date): : _____

If replacement, date of vacancy: _____

Proposed Salary: _____ Grade _____ Step _____ Hourly _____

Justification:

Signature of Department Chair/Director: _____