Orange County Community College
Budget Request 2008-2009

POSITION AUTHORIZATION REQUEST FORM

_____ _____
Job Title (if known) **Department**

Tentative classification of position: Faculty_____ Staff_____Civil Service_____

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 Head_____

Budget Form 006 (1/00)