



# Barstow Community College

## CLASSIFIED OUT-OF-CLASS POSITION REQUISITION FORM

For details on Out-of-Class posting requirements  
please see article 27.4.3 of the classified  
collective bargaining agreement.

Position/Title

Department/Division	Preferred Start Date:
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Budget Account Code (Please ensure Budget Analyst reviews and signs off on budget account codes before submitting form):	
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Replacement		Project or New Work		
Replacement / Substitute for:		Please attach a copy of the Scope of Work or include in the Justification		
Date of Vacancy	Salary Range	Salary Range	Salary Amount	Hrs per Week
Starting Date	Ending Date	Starting Date	Ending Dates	

Justification for replacement/new position. How does it specifically support Student Learning, a Strategic Plan goal or an operational need(s)?  
Please be specific, use additional sheet if necessary:

<b>A P P R O V A L S</b>	Requesting Supervisor/Manager	Date	VP, HR/Designee <sup>1</sup>	Date
	VP of _____/Designee	Date	President/Designee	Date
	VP Admin Services/Designee	Date	Cabinet Approval Date: _____	

<sup>1</sup>VP, Human Resources, can approve classified replacement positions, President/Designee approval required for new work.

**PERSONNEL OFFICE USE ONLY:**