

GRCC Position Authorization Form - Contingency

Position Title: _____ Number of Positions: _____

Department: _____ Reporting to: _____

Effective Date: ___/___/___ End Date: ___/___/___

Days Needed: _____ Approximate Hours per Week: _____

Position Justification: *(Why is the position needed?)* _____

Name(s): _____

*Include **phone number** and **email address** for new GRCC hires.*

Are immediate family members employed at GRCC? _____ If so, who? _____

Note: *Relative approval and criminal background check must be completed prior to hire.*

Employee is new to the College? Yes *(Complete page 2)* No

BCO declines new employee orientation. Reason _____

Position Type or Change in Current Position

- New Position
- Grant-funded position
- Temporary Replacement for Vacant Position (Replaces _____)
- Temporary Replacement for Leave Coverage (Replaces _____)
- Estimated start date of Leave ___/___/___ End Date: ___/___/___
- Extension of Current Contingency Position

Budget Information

Account Number: _____ Type of Funding: _____ Budgeted Dollars

Requested Pay Rate _____ Grant Funded

Required Signatures

Hiring Supervisor: _____ Date: ___/___/___

Budget Control Officer: _____ Date: ___/___/___

Executive Budget Control Officer: _____ Date: ___/___/___

Executive Director of Human Resources: _____ Date: ___/___/___

Executive Director of Financial Services _____ Date: ___/___/___

BCO Note: Position requests must ensure compliance with negotiated contracts, handbooks, GRCC policies, budget availability and impact on services to our community, teaching and learning, innovation, and creativity. Position approvals will also be aligned with GRCC strategic priorities, elimination of duplication and impact on long-term reduction of costs to the institution.

This form must be completed, signed and returned to Human Resources with a copy of the job description before a position can be approved.

New Contingency Employee Position Access

Employee Name: _____

Position Title: _____

Department: _____ Supervisor _____

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.)

PeopleSoft Access <input type="checkbox"/> CS Prod - CS Roles: Same as (Indicate user access should duplicate) <input type="checkbox"/> FS Prod – Financials FS Roles Same as (Indicate user access should duplicate)
Email Groups Needs <input type="checkbox"/> All Staff <input type="checkbox"/> Registration (Automatically applied if PSoft access requested) <input type="checkbox"/> Adjunct Faculty <input type="checkbox"/> Faculty <input type="checkbox"/> Campus Police <input type="checkbox"/> Meet & Confer <input type="checkbox"/> ESP <input type="checkbox"/> CEBA <input type="checkbox"/> Other _____
Network Access Needs <input type="checkbox"/> S:Drive (please provide path) S:\units\ _____ Printer Access Needs: (Room/Building): _____/_____, _____/_____, _____/_____
Phone <input type="checkbox"/> Voicemail Only <input type="checkbox"/> Use Existing Extension (Indicate Extension) _____ <input type="checkbox"/> New Phone (Include departmental charge-back account number) _____
Key(s) Needed Office Location: Room/Building _____ <i>To be completed by Campus Police Department</i> Key# _____ Door(s)/Lock(s) to be Opened _____ Building _____ Key# _____ Door(s)/Lock(s) to be Opened _____ Building _____ Key# _____ Door(s)/Lock(s) to be Opened _____ Building _____
Supervisors Name _____ Supervisors Signature _____ Date _____

Human Resources Use Only

Employee ID _____ Effective Date _____

The Coordinator of Contingency Employment will forward a PDF copy to ITHelp and Campus Police.