SANTA BARBARA COMMUNITY COLLEGE DISTRICT
PERSONNEL AUTHORIZATION FORM

GENERAL INSTRUCTIONS
1. Complete the appropriate section (Board Agenda Item or Position Authorization) and attach supporting request/memo/recommendation document.
2. Route this form for authorization signatures as sequenced in the third section below.
3. This form must be thoroughly completed with all signatures and received in the Human Resources Dept. ten (10) working days prior to the Board meeting.

BOARD AGENDA ITEM

Use for all classified and certificated personnel items requiring Board approval (except hourly appointments):

<table>
<thead>
<tr>
<th>RECOMMENDED APPROVAL (check one):</th>
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</thead>
<tbody>
<tr>
<td>☐ APPOINTMENT</td>
</tr>
<tr>
<td>☐ ACCEPTANCE OF RESIGNATION/RETIREMENT</td>
</tr>
<tr>
<td>☐ REQUEST FOR ILLNESS LEAVE OF ABSENCE</td>
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<tr>
<td>☐ REQUEST FOR LEAVE WITHOUT PAY</td>
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<tr>
<td>☐ REQUEST FOR CHANGE IN ASSIGNMENT</td>
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<tr>
<td>☐ OTHER</td>
</tr>
</tbody>
</table>

Employee Name: ___________________________ Effective Date(s): ___________________________

(Describe recommended item in detail):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

BUDGET #: ___________________________

CLASSIFIED POSITION AUTHORIZATION

Use to request recruitment for a regular classified service position or to recommend appointment. NOTE: No classified service employee may begin work prior to Board of Trustees' approval.

1. Department: ___________________________
2. Position: ___________________________

3. TYPE OF APPOINTMENT
   Classified Service (Permanent)
   (check one)
   ☐ Full Time
   ☐ ½ Time
   ___ (specify)
   (check one)
   ☐ 12 Month
   ☐ 11 Month
   ☐ 10 Month

4. POSITION REASON: (check one)
   ☐ Replacement for:
   ☐ Substitute
   ☐ New Position

5. WORK HOURS

6. EFFECTIVE DATE(s)

7. REMARKS/SKILLS REQUIRED:

ROUTE AUTHORIZATIONS

1. Originator ___________________________ Date ____________

2. Vice President ______________________ Date ____________

3. Human Resources Officer __________________ Date ____________

4. Superintendent/President __________________ Date ____________

*signature form (B-660) Distribution: Originator (Pink), HR (White/Caraty)