



**American Samoa Community College
PERSONNEL ACTION REQUEST
RECRUITMENT FORM**

ASCC HR 4003.3 (6/12, Rev. 11/14, 6/13)

Section I. DIVISION's REQUEST INFORMATION

Division/Department:	Submitted by (Title, Name)	Initial & Date
-----------------------------	-----------------------------------	---------------------------

Section II. PERSONNEL REQUISITION (as per FY local/Grant budget)

Position Title	Position ID #	Purpose of Recruitment
		Transfer <input type="checkbox"/> New <input type="checkbox"/> Vacant <input type="checkbox"/> Renewal <input type="checkbox"/>
<input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Administrator	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt
<input type="checkbox"/> Career Service <input type="checkbox"/> CTT1 <input type="checkbox"/> CTT2 (require advertisement)	<input type="checkbox"/> 1-6 months <input type="checkbox"/> Personal Services (do not require advertisement)	Name of Hire:

Section III. BUDGET INFORMATION (as per FY approved Budget)

Budgeted	Funding Source	Grant Name	Allocation %	Salary Budgeted
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Local <input type="checkbox"/> Grant <input type="checkbox"/> Both	CNR		

Section IV. APPROVED CLASSIFICATION AND COMPENSATION (as per PART II of Position Review)

*Position Review	Qualifications	Grade & Salary Range
<input type="checkbox"/> YES <input type="checkbox"/> NO	Years Exp: _____ Cert/Lic: _____	

* Position Review will be processed and completed to establish recruitment criteria before this form is fully routed for approval.

Section V. ADVERTISEMENT REQUEST JOB ANNOUNCEMENT

<input type="checkbox"/> In-House <input type="checkbox"/> Off-Island Sources <input type="checkbox"/> Local News Paper <input type="checkbox"/> <input type="checkbox"/> N/A <input type="checkbox"/> Regular (15 days advertisement) <input type="checkbox"/> Emergency Hire (5 days)	(HR) Prepared by: _____ Date: _____ (IE) Reviewed by: _____ Date: _____
---	--

Section IV. APPROVING SIGNATURES

1) Dean/Director _____ Date: _____ 2) HR Director (Employment) _____ Date: _____ 3) Chief Financial Officer (Budget) _____ Date: _____ 4) Vice President _____ Date: _____ 5) President _____ Date: _____	Remarks
---	---------

Human Resources USE Only

Date PARF Received: _____	Date Returned: _____	Reason: <input type="checkbox"/> Incomplete <input type="checkbox"/> Missing Document
Date Personnel Requisition Prepared: _____	Prepared by: _____	Ctrl #: _____