



**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
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**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 checked="" type="checkbox"/> Renewal <input type="checkbox"/>
<input checked="" type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Administrator	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt
<input type="checkbox"/> Career Service <input checked="" type="checkbox"/> CTT1 <input type="checkbox"/> CTT2 <small>(require advertisement)</small>	<input type="checkbox"/> 1-6 months <input type="checkbox"/> Personal Services <small>(do not require advertisement)</small>	<b>Name of Hire:</b>

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

Budgeted	Funding Source	Grant Name	Allocation %	Salary Budgeted
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Local <input checked="" 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 checked="" 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 checked="" 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: _____
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**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
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**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 #: _____