



## Request to Hire

Date:

PCN# Title/Rank:

Classification: Supervisor:

Department: Division:

New Position: Yes If Yes, attach completed New Position Approval Form.  
No Incumbent:

Required Qualifications:

Preferred Qualifications:

Position Necessity:

Relation to Strategic Plan Objectives (if any):

Program Performance (e.g. restructure/redesign for efficiency):

Implications of Delay in Filing/Impact if Approved or Denied:

Funding Source:

Position Type:

Account Number(s):

# of months:

FTE:

Salary Range:

Closing Date:

Date to begin Employment:

Is there a chance reimbursement for moving expenses\* will be offered? Yes No

\*The State of Idaho requires that the College obtain approval to offer reimbursement for moving expenses to potential new hires prior to any offer being made. The Board of Examiners (the entity with responsibility for this approval) meets monthly. It is extremely important that LCSC request approval at the earliest date possible.

**Electronic Routing Approval:** (date and approval signature stamp)

Coordinator / Director	Human Resources	Budget Office	Dean	Vice President	President	AA Officer / HRS Director