GLENDALE COMMUNITY COLLEGE DISTRICT
OFFICE OF HUMAN RESOURCES

REQUEST TO INCREASE/DECREASE HOURS OF CLASSIFIED POSITION

EMPLOYEE IN POSITION: _____

CLASSIFICATION TITLE: _____

SALARY RANGE: _____ **DIVISION/DEPT:** _____

ACCOUNT # _____

HOURS FROM: _____ **HOURS TO:** _____

MONTHS FROM: _____ **MONTHS TO:** _____

ASSIGNMENT: WORKING HOURS AND DAYS OF WEEK: _____

CHANGE IN HOURS/MONTHS DUE TO:

_____

_____

_____

DATE POSITION TO BE CHANGED: _____

REQUESTED BY: _____ **DATE:** _____

AUTHORIZED BY: _____ **DATE:** _____

FOR HUMAN RESOURCES USE ONLY

INCREASE BUDGETED: ❑ **YES** ❑ **NO** **SALARY RANGE:** _____ **AMOUNT BUDGETED:** _____

ACTION TAKEN:

❑ **FORWARDED TO CABINET FOR DISCUSSION/APPROVAL.** **APPROVED** ❑ **YES** ❑ **NO**

❑ **FORWARDED TO PRESIDENT FOR APPROVAL AND SIGNATURE.** **APPROVED** ❑ **YES** ❑ **NO**

❑ **FORWARDED TO REQUESTOR FOR FURTHER DISCUSSION**

DATE:_____ **SIGNATURE:** _____

DIRECTOR OF HUMAN RESOURCES