

RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT
REORGANIZATION REQUEST FORM

Number # _____
Assigned by Human Resources

Use this form and the reorganization process to make a permanent personnel change in your program or department. If proposing a new and/or change of position, please attach a cost of position worksheet.

Site/Department/Division: _____

Manager/Supervisor: _____

Position(s) affected:

CURRENT POSITION	PROPOSED POSITION

Current annual salary/benefits cost \$ _____ Proposed annual salary/benefits cost \$ _____

Specify budget impact – include exact amounts or the best available estimate and the source of funding:

GENERAL FUNDS _____ RESTRICTED FUNDS _____

Source of funding (account numbers): _____
(Attach necessary budget change forms)

Reason for reorganization:

Will there be duties and/or responsibilities that will no longer be performed/required in this department/division?

No ____ Yes ____ If yes, please explain below.

Does this change affect more than one department/division? No ____ Yes ____ If yes, please explain below.

Please note: You are required to attach both current and proposed organization charts (*highlighting all positions affected, both current and proposed*) with this form.

Submitted by (*District Cabinet Member*): _____ Date: _____

SIGNATURES AND/OR REVIEW DATES	
Human Resources (<i>Signature/Date</i>):	Business Operations & Fiscal Services (<i>Signature/Date</i>):
	Resource Development (<i>Signature/Date – Only for Restricted Funds</i>)
COLLEGE POSITIONS	DISTRICT POSITIONS
President's Council Approval (<i>Signature/Date</i>):	Chancellor's Cabinet Approval (<i>Signature/Date</i>):
Chancellor's Cabinet Approval (<i>Signature/Date</i>):	Chancellor's Council Approval (<i>Signature/Date</i>):
CSEA (<i>Signature/Date</i>):	CSEA (<i>Signature/Date</i>):