## South Louisiana Community College Position Description, Justification & Certification Form

Form Revised: 10/03/2017

To be completed b	by the Hiring Manager (I	Please ensure Po	osition Description and O	rg Chart are attached):
Nature of Request:		Status:		
Type of Position:			Requested Position Title:	
Proposed Date of Appointment:			Number of Positions Requested:	
Previous Incumbent and Position Number:			Form Completed by:	
Additional Funding	Notes (if needed):			
J	,			
To be completed by	v Human Pasaureas:			
To be completed by Human Resources:				
Proposed Annual Salary/Range:			FLSA Status:	
Job Description Attached		Pavecale Rer	Payscale Report Attached Org Chart Attached	
		r ayscale Neport Attached		Org Griant Attached
To be completed by	y Accounting:			
Fund	Organization	Account	Program	Activity
Institutional representative signature below certifies that a Table of Organization (T.O.) is available for the above-identified position.				
Benchmark HR Ap	proval:			
Budget Unit Head Approval:				
Accounting Budget Approval:				
Divisional Vice Chancellor Approval:				
Chancellor Approva	al:			