

POSITION CONTROL – REQUISITION/CHANGE FORM

EMPLOYEE REQUEST

School or Department: _____ Date of request: _____

- Authorized Absence, Extra Hours, Temporary Position, Vacancy. Please check one: New Position, Promotion, Site Reassignment, Resignation, Retirement.

CURRENT POSITION INFORMATION

Current employee Name: _____

Position Title/or Activity: _____ Hrs/Day: _____ Days/Week: _____ MO/Years _____

Work Schedule: _____ am/pm to _____ am/pm Lunch: 30 min 1hr

REQUESTED POSITION INFORMATION

Employee name/ Position Title/ Activity: _____

of vacancies _____ Hrs/Day: _____ Days/Week: _____ MO/Years _____ Start Date: ____/____/____ End Date: ____/____/____

Work Schedule: _____ am/pm to _____ am/pm Lunch: 30min 1hr (Assignment Not to Exceed _____ hours)

BUDGET INFORMATION

Funding Name: _____

General Fund (unrestricted) Categorical/Fed or State (restricted) LCAP Other

Justification: _____

Table with 9 columns: FD, RESC, YR, GOAL, FUNC, OBJT, SITE, MANAGER, % ACCT

PAYROLL SIMULATION
Hourly Rate: \$
Total Daily Hours x
FISCAL IMPACT: \$

ADMINISTRATIVE APPROVALS

Table for administrative approvals with 4 columns: 1. Initiating Administrator, 2. Division Administrator, 3. Superintendent, 4. Business Services Asst. Superintendent, 5. Fiscal Services Accounting Supervisor, 6. Human Resources & Risk Management Asst. Superintendent.

PERSONNEL COMMISSION/ INTERVIEW COMMITTEE CHAIR

Name of Recommended Employee: _____ Start Date: _____

Recommending Administrator's Signature: _____ Date: _____

Type of Employment: New Hire Promotion Transfer WOC Board Report Date: _____

CLASSIFIED PERSONNEL DIRECTOR:

Approval to Advertise Position _____ Approval to Fill Position _____