

**PERSONNEL REQUEST FORM**

<input type="checkbox"/>	Certificated
<input checked="" type="checkbox"/>	Classified

I. Department/Site Requesting: Yermo Position Title: Categorical Aide

Grade: \_\_\_\_\_ Subject: \_\_\_\_\_ Effective Date: \_\_\_\_\_

II.  NEW POSITION  CHANGE IN WORK YEAR  REPLACEMENT POSITION: \_\_\_\_\_

Name of employee being replaced

Full Time/Permanent Number of days per week: 5

Part Time/Permanent Number of hours per day: 6

Full Time/Temporary Number of months per year: 10

Part Time/Temporary

Change in hours/days: From: \_\_\_\_\_ To: \_\_\_\_\_

DELETE POSITION-Position was previously held by: \_\_\_\_\_

ADDITIONAL ASSIGNMENT \_\_\_\_\_ Department/Site Requesting: \_\_\_\_\_

Not to exceed \_\_\_\_\_ hours

III. Title of Funding Source: General Fund Fiscal Approval \_\_\_\_\_ Date 7/26/22

Budget Code(s): \_\_\_\_\_ Purpose/Justification: \_\_\_\_\_

Department/Site Administrator responsible for monitoring this position: \_\_\_\_\_

Name & Title

Contingencies or notes regarding approval: \_\_\_\_\_

**For Human Resources Office Use Only**

Job Title: \_\_\_\_\_ Site: \_\_\_\_\_

Name of employee selected: \_\_\_\_\_ Start date: \_\_\_\_\_

Range/Step: \_\_\_\_\_ Hourly rate: \_\_\_\_\_ Monthly rate: \_\_\_\_\_

Hours per day: \_\_\_\_\_ Days per year: \_\_\_\_\_

Board approval date: \_\_\_\_\_ Human Resources Signature: \_\_\_\_\_

Requested by: Rob Schreiner

Signature of Department Head/Principal

7/28/22

Date

Approved by: Rob Schreiner

Signature of Sr. Director Business Services

7/28/22

Date

Approved by: \_\_\_\_\_

Signature of Asst. Superintendent

7/28/22

Date