Silver Valley Unified School District PERSONNEL REQUEST FORM

IVI	
	Certificated
	Classified

I. Department/Site Requesting:P	osition Title: Instructional Aide		
Grade: $1K-2$ Subject: RSP	Effective Date:		
II. NEW POSITION CHANGE IN WORK YEAR	REPLACEMENT POSITION		
	Name of employee being replaced		
Full Time/Permanent	Number of days per week:		
Part Time/Permanent	Number of hours per day: 3.5		
Full Time/Temporary	Number of months per year:		
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: SpEd	3500 37129 Fiscal Approval Date		
Budget Code(s): Purpose/Justification:			
Department/Site Administrator responsible for monitoring postion:			
Name and 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:		
Board approval date: HR Signatu	ire:		
Requested by: Department Head/Principal Date Date Department Head/Principal			
Approved by: Senior Director, Br	ved by: Senior Director, Business Services Date		
Approved by:	Patinace Conject		
Asst. Superintendent Business Services Date			
Program/Budget Approval:			