

Silver Valley Unified School District
PO Box 847, Yermo, CA 92398
PERSONNEL REQUEST FORM

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

I. Department/Site Requesting: TVIS Position Title: Instructional 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: _____
Fiscal Approval: R. Schmin Date: 8/25/21

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: [Signature] _____ Date: 8.19.21
Signature of Department Head/Principal

Approved by: [Signature] _____ Date: 8/25/21
Signature of Director Business Services

Approved by: _____
Signature of Deputy Superintendent

Prog./Budget Approval: [Signature] _____ Date: 8/23/21
Signature of Asst. Supt. Ed. Services/Senior Director