

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: Lewis Position Title: Categorical Aide  
 Grade: \_\_\_\_\_ Subject: \_\_\_\_\_ Effective Date: 8-1-2022  
7:45 am to 2:30 pm

II.  NEW POSITION  CHANGE IN WORK YEAR  REPLACEMENT POSITION: \_\_\_\_\_  
 Name of employee being replaced: Transitional Kinder & positions

<input type="checkbox"/> Full Time/Permanent	Number of days per week: <u>5</u>
<input checked="" type="checkbox"/> Part Time/Permanent	Number of hours per day: <u>5.75</u>
<input type="checkbox"/> Full Time/Temporary	Number of months per year: <u>10</u>
<input type="checkbox"/> Part Time/Temporary	
<input type="checkbox"/> Change in hours/days: From: _____ To: _____	
<input type="checkbox"/> DELETE POSITION-Position was previously held by: _____	

ADDITIONAL ASSIGNMENT \_\_\_\_\_ Department/Site Requesting: \_\_\_\_\_  
 Not to exceed \_\_\_\_\_ hours

III. Title of Funding Source: GF Fiscal Approval: R. Schreiner Date: 6/16/22  
 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: \_\_\_\_\_  
 Signature of Department Head/Principal

Approved by: John Schreiner \_\_\_\_\_ Date: 6/16/22  
 Signature of Director Business Services

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Deputy Superintendent

Prog./Budget Approval: \_\_\_\_\_ Date: 6/16/22  
 Signature of Asst. Supt. Ed. Services/Senior Director