

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: 9/13/2023

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: 5.75 2 new positions!
 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: Title 1 B Schmeines 9/7/23
 Fiscal Approval Date
 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 Schmeines 9/7/23
 Signature of Sr. Director Business Services Date
 Approved by: [Signature] 9/7/23
 Signature of Asst. Superintendent Date