

<input type="checkbox"/>	Certificated
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PERSONNEL REQUEST FORM

I. Department/Site Requesting: ESC/Tech Position Title: Computer System Specialist

Grade: _____ Subject: _____ Effective Date: _____

II. NEW POSITION CHANGE IN WORK YEAR REPLACEMENT POSITION: Re-establish frozen position
Name of employee being replaced

- Full Time/Permanent Number of days per week: 5
- Part Time/Permanent Number of hours per day: 8
- Full Time/Temporary Number of months per year: 12
- 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 _____ Fiscal Approval: [Signature] Date: 10/29/19

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: 10.24.19

Approved by: [Signature] _____ Date: 10/29/19

Approved by: _____ Date: _____

Prog./Budget Approval: [Signature] _____ Date: 10/28/19