

Office of Larry E. Reider  
Kern County Superintendent of Schools  
*Advocates for Children*  
**CLASSIFIED EMPLOYMENT FORM**

**Employee Information**

Name: \_\_\_\_\_ SSN/ID# \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ CA ZIP: \_\_\_\_\_

**Employment Status/Type**

**Employment Type:**  Regular Classified  Exempt Non-Mgmt  Management  Administrative  
**Permanent Employment:**  Probationary  Permanent/39 Month Rehire  Extra Duty  
**Temporary Employment:**  Provisional  Limited Term (max. 6 month term)  Substitute

**Position Information**

Position #: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Dept/Program: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Place of Assignment: \_\_\_\_\_ Hrs/Day: \_\_\_\_\_ Days/Wk: \_\_\_\_\_  
Effective Dates: \_\_\_\_\_ to \_\_\_\_\_ Authorize Hepatitis B vaccination:  Yes  No  
Budget Account(s)/Percentages:  
\_\_\_\_\_%  
\_\_\_\_\_%

**If your current budget does not contain funding for this position, describe the funding source and the amount required.**

\_\_\_\_\_  
\_\_\_\_\_

**Salary Information (Completed by HR)**

Pay Schedule:  9 Pay  10 Pay  11 Pay  12 Pay Employee eligible for \_\_\_\_\_ % office paid benefits  
Administrative - Auto Stipend Annual Amt: \_\_\_\_\_  
Current: Sch./Range #: \_\_\_\_\_ Step: \_\_\_\_\_ Monthly Amt: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_  
Equal Pay Calculation: \_\_\_\_\_ days x \_\_\_\_\_ hrs x hourly rate \_\_\_\_\_ = \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ HR Initials: \_\_\_\_\_

**REQUIRED SIGNATURES: To be obtained in order listed.**

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
H/R Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
**Is this appointment covered by the current budget? \_\_\_ Yes \_\_\_ No**  
Budget Review: \_\_\_\_\_ Date: \_\_\_\_\_  
CBO: \_\_\_\_\_ Date: \_\_\_\_\_  
Assoc/Asst. Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_  
Timekeeper Payroll Retirement Personnel File Program/Department