

CLASSIFIED POSITION REQUEST

Position Information

Request for: New Replacement Change Position Type: Reg. Classified Exempt Non-Management
Position #: _____ Management Administrative
Position Title: _____ Dept/Program: _____
Place of Assignment: _____ Hrs/Day: _____ Days/Wk: _____
Beginning: _____ Ending: _____

Work Schedule (includes holidays) check one: 260 days / 12 month 213 days / 11 month (Spec Ed)
 211 days / 11 month (Alt Ed) 197 days / 12 month (Spec Ed/Yr Rnd) 196 days / 11 month (Spec Ed)
 193 days / 11 month (Child Dev) 192 days / 9 month (Alt Ed) 175 days / 10 month (Mig. Ed)

Funding Source:

Position funded in current budget
 Budget Transfer from: _____
 Using funds from another position. Position number to be closed: _____
 New Revenue (source and amount): _____

If from additional ADA, the new total ADA for the program will be: _____

If grant funded, has the grant budget been approved and recorded in the Budget Department? Yes No

Budget Account(s)/Percentages:

_____%: _____
_____%: _____
_____%: _____

Comments/Additional Information:

Preliminary Salary Information (Completed by HR)

Salary Schedule #: _____ Range #: _____ Step A-C Amounts: _____
Cabinet Approval date: _____ 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