

Office of Christine Lizardi Frazier  
Kern County Superintendent of Schools  
*Advocates for Children*  
**SPECIAL EMPLOYMENT FORM**

Education Code 45256 allows for the employment of a Professional Expert "...on a temporary basis for a specific project..."

**Employee Information**

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

**Employment Status**

Full Time Student – School Name: \_\_\_\_\_  Quarter  Semester  
(Full time enrollment documentation of 12 units or more must be attached)  
 Professional Expert  Certificated position (Check only if credential is required for assignment)

**Special Employment Information**

Effective Dates: \_\_\_\_\_ to \_\_\_\_\_  
Job Assignment: \_\_\_\_\_  
Location: \_\_\_\_\_ Dept/Program: \_\_\_\_\_  
Up to: \_\_\_\_\_ Hrs/Day Up to: \_\_\_\_\_ Days/Wk Daily Rate: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_  
Budget Account(s)/Percentages:  
\_\_\_\_\_%: \_\_\_\_\_  
\_\_\_\_\_%: \_\_\_\_\_  
\_\_\_\_\_%: \_\_\_\_\_

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

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

**Completed by Human Resources/Payroll**

STRS Retiree:  Yes  No (If yes, position may require retiree physical) Human Resources Initials: \_\_\_\_\_  
Member of PERS/STRS:  Yes  No Payroll Initials: \_\_\_\_\_  
**Credentials Approval: (For Certificated positions only)**  Yes  No Credentials Initials: \_\_\_\_\_  
Credential/Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**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