



WALNUT VALLEY UNIFIED SCHOOL DISTRICT

PERSONNEL REQUEST FORM

Routing:
 Personnel Certificated Classified
 Fiscal Services Position Control
 Personnel Certificated Classified

Instructions: After completing this form, please send to either **Certificated Personnel** or **Classified Personnel**.

TO: PERSONNEL OFFICE

FROM: _____ SCHOOL _____
 Name and Signature of Principal/Department Head Date Initiated DEPARTMENT: _____

JOB TITLE/ DESCRIPTION: _____ JOB _____ CLASS # _____ DATE REQUIRED: _____

ACTION: _____ INCUMBANT: _____

Position # _____ New Position Replacement Additional Time Full Time Number of Hours _____
CERTIFICATED Contract Hourly Daily Extra Period Part Time Work Hours _____
CLASSIFIED Permanent Temporary Limited Term Sub Hourly Number of Months _____

MUST BE COMPLETED BY PRINCIPAL/DEPARTMENT HEAD FOR BUDGETARY PURPOSES:

| | % | FD | RES/PY | GOAL | FUNC | OBJ | LOC | | % | FD | RES/PY | GOAL | FUNC | OBJ | LOC |
|---|---|----|--------|------|------|-----|-----|----|---|----|--------|------|------|-----|-----|
| 1 | | | | | | | | 7 | | | | | | | |
| 2 | | | | | | | | 8 | | | | | | | |
| 3 | | | | | | | | 9 | | | | | | | |
| 4 | | | | | | | | 10 | | | | | | | |
| 5 | | | | | | | | 11 | | | | | | | |
| 6 | | | | | | | | 12 | | | | | | | |

For new positions/additional time: the estimated total cost of position salary and related benefits is \$ _____ . My signature indicates that there are sufficient funds in this program to meet present obligations and this added position. Yes No

 Signature Position Control Date _____ Comments: _____

Board Action: _____

 Approval of Division Assistant Superintendent Date _____ Final Approval of Assistant Superintendent Personnel Date _____

TO BE COMPLETED BY PERSONNEL DEPARTMENT

Person Selected for Employment: _____ Effective Date of Assignment: _____ Hourly Assignment: _____

Salary Schedule _____ Range: _____ Step: _____

 Signature of HRS Operator