

**Calaveras Unified School District**  
**Personnel Requisition/Request for Status Change**

Initial: \_\_\_ / Final: \_\_\_

PSN: \_\_\_\_\_

INSTRUCTIONS: Complete this form to initiate any personnel change, including filling vacancies, funding changes, location change, increase in allocated time or to request additional service for a specified time period.

**Requestor to complete section "I. & II. (a)"**

Originator: \_\_\_\_\_

**I. TYPE OF REQUEST:**       Classified     Certificated    Starting Date: \_\_\_\_\_

Job Title/Classification: \_\_\_\_\_

Department/Location/Site: \_\_\_\_\_

New Position (Date Board Approved: \_\_\_\_\_)     Vacant/Replaces: \_\_\_\_\_

Additional/Adjunct Hours (Employee's Name: \_\_\_\_\_) # of Hours: \_\_\_\_\_

Location Change: From: \_\_\_\_\_ to \_\_\_\_\_

Funding Change: From: \_\_\_\_\_ to \_\_\_\_\_

Short-term Assignment: (Employee's Name: \_\_\_\_\_ Ending Date: \_\_\_\_\_)

Other (explain): \_\_\_\_\_

**II. (a) WORK ASSIGNMENT:** (Circle One: 180 Days 185Days 190 Days 200 Days 220 Days 260 Days Other: \_\_\_\_\_ )

Days Per Week (circle)	Scheduled Hours Start                      End	Lunch Start & End or No Lunch	Hours Per Day
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F			
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F			
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F			
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F			

**II. (b) Work Year Assignment:** From: \_\_\_\_\_ To: \_\_\_\_\_

FTE: \_\_\_\_\_ Status:     Permanent     Probationary     Temporary

Actual Contract Days: \_\_\_\_\_

Budget Code(s): \_\_\_\_\_  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %  
 \_\_\_\_\_ %

Salary Placement  
 Range: \_\_\_\_\_,  
 Step: \_\_\_\_\_  
 \_\_\_\_\_  
 HR Approval  
 Date: \_\_\_\_\_

COMMENTS/JUSTIFICATION/SPECIAL REQUIREMENTS:  
 \_\_\_\_\_  
 \_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**III. Approvals**

Step 1: Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

Step 2: Special Projects: \_\_\_\_\_ Date: \_\_\_\_\_

Step 3: Budget Dept:     Funds Available: \_\_\_\_\_

Vacant  
 Filled

Funds Not Available: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Step 4: Personnel Dept: Date Posted: \_\_\_\_\_ Date Filled: \_\_\_\_\_

Filled by: \_\_\_\_\_ Hire Date: \_\_\_\_\_