A

CALEXICO UNIFIED SCHOOL DISTRICT

CERTIFICATED POSITION CONTROL--REQUISITION/CHANGE FORM **POSTING #**_____

B

School or Department: _____ Date of Request: _____

☐New ☐Limited Term ☐Replacement – Employee being replaced: _____

☐Temporary ☐Stipend ☐ Reason for Replacement:☐ Leave ☐Resignation ☐Transfer ☐ Retirement☐ Other _____

C

POSITION DESCRIPTOR

REQUESTED:

Position Title: _____ Maximum hrs: ____ (circle one) per program per employee

Date(s): From: _____ To: _____

Subject Area/Activity: _____ # of Positions: _____

Funding Name: _____

Budget Information: ☐General Fund (unrestricted) ☐Categorical/Fed or State (restricted)[1] ☐Other _____

[1]If this box is checked, please identify: Program _____

School Level Plan Component _____ Page No. _____

	RESC	YEAR	GOAL	FUNC	OBJT	SITE	MGR	% of Acct.

PAYROLL SIMULATION

Base Salary: $

Benefits: $

FISCAL IMPACT: $

D

Administrative Approval:

Initiating Administrator	Division Administrator (if Categ./Fed. or new position)	Superintendent	Fiscal Services
Signature	Signature	Signature	Position Control #
Date	Date	Date	Initials: Date:

E

ASSIGNMENT INFORMATION

Name of Employee _____ Start Date _____ End Date (If applicable) _____

(if more than one employee – please attach a list)

Nature of Change: ☐Classification ☐New Hire ☐Promotion ☐Other _____

From _____ / _____ To _____ / _____

Site Position Title Site Position Title

Recommending Administrator's Signature _____

F **FOR HUMAN RESOURCES USE ONLY**

Approval to Advertise Position _____ Approval to Fill Position _____

Board Meeting date _____ Scanned/emailed date _____ Initials _____