

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 _____

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

Justification _____
(Use back of sheet for more space.)

	RESC	YEAR	GOAL	FUNC	OBJT	SITE	% 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 # _____ Initials: _____
Date	Date	Date	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/mailed date _____ Initials _____