

# Adelanto Elementary School District Personnel Request

### SITE REQUEST

Current/ Last Incumbent: \_\_\_\_\_  Vacant  
 Classification: \_\_\_\_\_  New Classification  
 Type:  New Position  Replacement  Substitute/Temporary  Coaching  Overtime  Extra Period  
 Hourly  Stipend  Extra Duty (attach extra duty form)  Extra Hours  Other: \_\_\_\_\_  
 Change:  Site  Work Year  Hours  Other: \_\_\_\_\_

### POSITION INFORMATION

Calendar:  180 Days  Campus Security  ASB/Liasion  COTA  Library  Secretary/Clerk  
 12 Months  Certificated: \_\_\_\_\_ Days  Dean  Director  Elementary Administrator  
 Middle School Administrator  Psychologist  Other: \_\_\_\_\_  
 FTE:  Full Time  Part Time \_\_\_\_\_ Hours Per  Day  Week  Total  
 Work Hours: \_\_\_\_\_  am  pm To: \_\_\_\_\_  am  pm Days per week:  Monday - Friday  
 Other (see details)  
 Work Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

(Must Be Completed)

### **Details:**

### FUNDING SOURCE

**Not to Exceed:** \$ \_\_\_\_\_ Days \_\_\_\_\_ Hours  
 Account No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ %  
 Account No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ %

Proposed Effective Date: \_\_\_\_\_

**Signature of Administrator Requesting Action**

### DISTRICT APPROVAL

Approved, Chief Academic Officer: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved, Chief Personnel Officer: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved, Chief Business Official: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved, Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

### DISTRICT ACTION

**Position Number:** \_\_\_\_\_  
**Eligible for Benefits:**  Yes  NO

Name of Employee: \_\_\_\_\_ EID: \_\_\_\_\_  
 Work Location: \_\_\_\_\_ Classification: \_\_\_\_\_  
 Schedule \_\_\_\_\_ Column/Range \_\_\_\_\_ Step \_\_\_\_\_ Rate \_\_\_\_\_ Per:  Hr  Mth  Day  Yr  
 Calendar \_\_\_\_\_ Status \_\_\_\_\_ Retirement \_\_\_\_\_  
 Board Agenda Date: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 EPICS Input Date: \_\_\_\_\_ By: \_\_\_\_\_ Site, IT, Payroll, Risk, Sub System, Keys, MAA Notified on: \_\_\_\_\_  
**ACTION TAKEN:**  New Hire  Termination  Resignation  Separation  Transfer  Displacement

Workflow Verification:  Certificated  Classified  Benefits  Payroll