

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
Human Resources Department
CERTIFICATED POSITION CONTROL FORM

1 EMPLOYEE NAME: _____ **2** JOB/CLASS TITLE: _____
(Full Legal Name)

3 SCHOOL SITE/DEPARTMENT: _____

4 JOB ASSIGNMENT: _____

5 EFFECTIVE DATE: FROM: _____ TO: _____

6 REASON FOR REQUEST:

- | | |
|--|---|
| <input type="checkbox"/> New Position [include FTE request form]
<input type="checkbox"/> Vacated Position (replacement)
Employee being replaced: _____
<input type="checkbox"/> Increase or decrease in assignment (circle one)
From _____% To _____% | <input type="checkbox"/> Change in Funding
<input type="checkbox"/> Change in Work Site
<input type="checkbox"/> Change in Assignment
<input type="checkbox"/> Other |
|--|---|

7 TYPE OF EMPLOYEE (SELECT ONE):

- Monthly Employee: _____ FTE% [Temp: _____ Prob: _____ Tenured: _____]
 Hourly Teacher
 Child Development Teacher: _____ FTE% Work hours: _____
 Substitute: ___ Adult Ed ___ CDS ___ REG ___ Preferred ___ Long-term
 Administrator: _____ FTE % and work days: _____

8 ADDITIONAL ASSIGNMENT:

- Established hourly: not to exceed _____ hours.
 Own hourly/daily not to exceed _____ hours or days [circle one]
 Summer School _____ FTE%.

9 FUNDING SOURCE/PROGRAM: (If split funding, indicate % per fund)

(Fund)	(Resource)	(Project Year)	(Goal)	(Function)	(Object)	(School Site)	(Mgr)	(%)
_____	_____	_____	_____	_____	_____	_____	1501	_____
_____	_____	_____	_____	_____	_____	_____	1501	_____
_____	_____	_____	_____	_____	_____	_____	1501	_____
_____	_____	_____	_____	_____	_____	_____	1501	_____
_____	_____	_____	_____	_____	_____	_____	1501	_____
_____	_____	_____	_____	_____	_____	_____	1501	_____

10 Position Control Prepared By: _____ Phone Extension (5 digit tieline): _____
[Print Name]

APPROVAL:

11 Signature: _____ Date _____
Site Administrator

Signature: _____ Date _____
Assistant Superintendent

Signature: _____ Date _____
Accountant

Position Control # _____

Job Class # _____ Work Location # _____

Signature: _____ Date _____
Assistant Superintendent of Human Resources

12 **HUMAN RESOURCE USE ONLY**

Job # _____

PC # _____

Credential _____

T/R Loc _____ Cal _____

Pay Cycle _____ Sch _____

Range _____ Step _____

Salary rate _____

Ret.code _____

Payroll _____ Ins. _____

HRS _____ Scanned _____

Board Agenda _____