

Santa Monica-Malibu Unified School District Request for a New Position/Additional FTEs

Requested by: _____ Site: _____ Date: _____

Job Classification/Title: _____

Funding Source(s): _____
(Please attach funding supporting documents)

Reason for New Position/Additional FTE: _____
(Please submit supporting documents)

How this duty has been performed in the past? _____

Certificated: <input type="checkbox"/>	Classified: <input type="checkbox"/>	Other: <input type="checkbox"/>
Length of the assignment: _____	From: _____	To: _____
Pay Basis: Monthly <input type="checkbox"/>	Hourly <input type="checkbox"/>	Daily <input type="checkbox"/>
If monthly, indicate the FTE: <input type="text"/> (*)		

Site Administrator Signature _____ Director of Human Resources	Program Administrator - Signature _____ Approved <input type="checkbox"/> Denied <input type="checkbox"/>
--	---

Comments: _____

Please do not write below this line

Business/Fiscal Approval:

Cost calculation:	Salary	_____
(Budget Adjustment)	Benefits	_____
	Other Costs	_____
	Indirect Cost	_____
	Total Bdgt Adj.:	=====

Classified	
(*)	8 Hrs/day = 1.00 FTE
	6 Hrs/day = 0.75 FTE
	4 Hrs/day = 0.50 FTE
	2 Hrs/day = 0.25 FTE

Certificated	
(*)	1 period = .20 FTE

_____ Assistant Director of Fiscal Services	_____ Asst. Superintendent Business/Fiscal Serv.
--	---

Board Approval Date: _____