

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

1 EMPLOYEE NAME: _____ **2** JOB CLASSIFICATION: _____
(Full Legal Name)

3 SCHOOL SITE/DEPT: _____

4 JOB ASSIGNMENT: _____

5 EFFECTIVE DATE: FROM: _____ TO: _____

6 **REASON FOR REQUEST:** { } Working Out of Class
{ } New Position (incl FTE request form) { } Change in Funding or Continuation of Funding (circle one)
{ } Vacated Position (replacement) { } Change in Work Site (**Involuntary Transfer must have invol xfer form attached**)
Employee being replaced: _____ { } Summer School-Hourly
{ } Increase or decrease in assignment * (circle one) { } Abolishment*
From: _____ **To:** _____ *increase requires FTE form. { } Temp Additional / Overtime (circle one)
*If position is being abolished or decreased & position has an incumbent, do not change assignment
until layoff action has taken place. Rationale for decrease or abolishment of position: Lack of
_____ Funds or _____ Work.

7 **TYPE OF EMPLOYEE (SELECT ONE):**
{ } Monthly Employee: _____ FTE% Hours per day: _____ Work Calendar _____
{ } Provisional
{ } Substitute / Limited Term Assignment (circle one)
{ } Temp Additional / Hourly / Monthly Emp OT (circle one)
{ } Professional Expert (requires classified application) / Special Services (**nursing subs only-requires contract**)
{ } Non-Merit: (circle one) Noon Duty Student Worker Coaching Asst. Peer Tutor Avid Tutor

8 **COMMENTS:** _____

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

(Fund)	(Resource)	(Project Yr)	(Goal)	(Function)	(Object)	(School)	(Mgr)	(%)
							1501	
							1501	
							1501	
							1501	

10 Position Control Form Prepared By: _____ Extension (5 digit tieline): _____

11 **APPROVAL:**
Signature: _____
Site Administrator/Director/Assistant Superintendent Date _____
Signature: _____
Assistant Superintendent of Human Resources Date _____
Signature: _____
Accountant Date _____
Position Control # _____
Job Class # _____ Work Location # _____
Signature: _____
Director of Classified Personnel Date _____

12 ****HUMAN RESOURCE USE ONLY****
| Transfer Bulletin # _____ Date _____
| Transfer Bulletin Closing Date _____
| PC # _____
| Job # _____
| T/R Loc _____ Cal _____
| Pay Cycle _____ Sch _____
| Range _____ Step _____
| Salary/Hourly Rate _____
| Differentials _____
| Ret.code _____
| Ret.code effective date _____
| HRS _____ PC Scanned _____
| Board Agenda _____
| Rev. May 5, 2011 HRD