SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT
Personnel Requisition/Position Control Form

CLASSIFIED HUMAN RESOURCES

JOB CLASS: **SCHOOL/SITE:**

EMPLOYEE NAME:
(If vacant, leave blank) Legal Name, as it appears on Social Security Card

EFFECTIVE DATE: **TO:**
(if applicable)

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I. ASSIGNMENT BASIS:

A. [ ] CLASSIFIED **B. [ ] NON-MERIT** **C. [ ] SPECIAL SERVICES** **D. [ ] PROFESSIONAL EXPERT**
(Complete Sections II & III) (Attach PC Form, Contract & Request for Board Approval) (Application required)

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II. REASON FOR REQUEST:

[ ] VACANT POSITION – employee replaced: **Date Vacated:**
[ ] SUB/LIMITED TERM – employee replaced: **Reason:**
[ ] NEW POSITION **[ ] INCREASE/DECREASE*** **[ ] ADDITIONAL ASSIGNMENT** **[ ] CONTINUATION OF FUNDING**
[ ] ABOLISH POSITION* **[ ] FUNDING CHANGE ONLY** **[ ] WORKING OUT OF CLASS**

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III. PAY BASIS

A. [ ] MONTHLY

1. FTE%
   # OF HOURS PER DAY
   # OF MONTHS
2. [ ] INCREASE IN ASSIGNMENT
3. [ ] DECREASE IN ASSIGNMENT*

B. [ ] HOURLY

1. [ ] SUBSTITUTE
2. [ ] TEMP/ADL. TIME
3. [ ] PROVISIONAL (not to exceed 90 working days)
4. [ ] OVERTIME
5. [ ] SUMMER ASSIGNMENT

CHANGE:

	FTE%	# of months	# of hours per day
FROM:			
TO:			

*** NOTE: If position is being abolished or decreased in assignment and the position has an incumbent, DO NOT change employee assignment until layoff action has taken place. Please complete the following rationale, per Personnel Commission Rule 13.2.1.**
REASON FOR DECREASE/ABOLISHMENT OF POSITION, LACK OF: [ ] WORK [ ] FUNDS

WORKING HOURS:
START: **END:**

COMMENTS

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IV. FUNDING SOURCE\PROGRAM: (If split funding, indicate % per fund)

(FUND)	(RESOURCE)	(YEAR)	(GOAL)	(FUNCTION)	(OBJECT)	(SCHOOL)	(MGR)	(FTE)
____	_____	----------	_____	_____	----------		----------	----------
____	_____	----------	_____	_____	----------		----------	----------
____	_____	----------	_____	_____	----------		----------	% ----------
____	_____	----------	_____	_____	----------		----------	% ----------

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APPROVAL:

Signature: _____
Site Administrator **Date**

Signature: _____
Program Director (if necessary) **Date**

Signature: _____
Budget Technician **Date**

Position Control #
Work Location #
Job Classification #

Signature: _____
Director of Classified Personnel **Date**

[ ] Proceed with Processing **[ ] Layoff Action Required**

****PERSONNEL USE ONLY****

Transfer Bulletin # **Date**
Transfer Bulletin Closing Date

Board Agenda Date

PERS: [ ] YES [ ] NO

INSURANCE: [ ] YES [ ] NO

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HRS: INPUT DATE: _____

SCHEDULE: _____ **STEP:** _____ **RANGE:** _____

DIFFERENTIAL: 1._____ **2.** _____ **3.** _____

VERIFIED BY: _____

Revised: 09/09

9/23/09