

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

Personnel Requisition/Position Control Form

CLASSIFIED PERSONNEL

CLASS/JOB TITLE:

SCHOOL/SITE:

EMPLOYEE NAME:

(If vacant, leave blank)

SSN:

Legal Name, as it appears on Social Security Card

EFFECTIVE DATE: FROM:

TO:

(if applicable)

I. ASSIGNMENT BASIS:

A. CLASSIFIED B. NON-MERIT C. SPECIAL SERVICES

(Complete Sections II & III) (Attach PC Form, Contract & Request for Board Approval)

II. REASON FOR REQUEST:

- | | |
|---|--|
| <input type="checkbox"/> VACANT POSITION – employee replaced: | Date Vacated: |
| <input type="checkbox"/> SUB/LIMITED TERM – employee replaced: | Reason: |
| <input type="checkbox"/> NEW POSITION <input type="checkbox"/> INCREASE/DECREASE* | <input type="checkbox"/> ADDITIONAL ASSIGNMENT |
| <input type="checkbox"/> ABOLISH POSITION* <input type="checkbox"/> FUNDING CHANGE ONLY | <input type="checkbox"/> WORKING OUT OF CLASS |

III. PAY BASIS

A. MONTHLY B. HOURLY

WORKING HOURS:

START: END:

- | | |
|---|--|
| 1. FTE% | 1. <input type="checkbox"/> SUBSTITUTE |
| # OF HOURS PER DAY | 2. <input type="checkbox"/> TEMP/ADL. TIME |
| # OF MONTHS | 3. <input type="checkbox"/> PROVISIONAL
(not to exceed 90 working days) |
| 2. <input type="checkbox"/> INCREASE IN ASSIGNMENT | 4. <input type="checkbox"/> OVERTIME |
| 3. <input type="checkbox"/> DECREASE IN ASSIGNMENT* | 5. <input type="checkbox"/> SUMMER ASSIGNMENT |

COMMENTS

CHANGE:

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

* 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

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

(FUND)	(RESOURCE)	(YEAR)	(GOAL)	(FUNCTION)	(OBJECT)	(SCHOOL)	(MGR)	(FTE)
							1501	%
							1501	%
							1501	%
							1501	%

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

****PERSONNEL USE ONLY****

Transfer Bulletin # _____ Date _____
Transfer Bulletin Closing Date _____

Board Agenda Date _____

PERS: YES NO

INSURANCE: YES NO

HRS: INPUT DATE: _____

SCHEDULE: _____ STEP: _____ RANGE: _____

STIPENDS: 1. _____ 2. _____ 3. _____

VERIFIED BY: _____

Revised: 08/01

Proceed with Processing Layoff Action Required