

**Calaveras Unified School District  
Personnel Requisition/Request for Status Change**

Initial: \_\_\_ / Final: \_\_\_

PSN: \_\_\_\_\_

**INSTRUCTIONS:** Complete this form to initiate any personnel change, including filling vacancies, funding changes, location change, increase/reduction in allocated time or to request additional service for a specified time period.

**Requestor to complete section "I. & II. (a)"**

Originator: \_\_\_\_\_

**I. TYPE OF REQUEST:**  Classified  Certificated  Management Starting Date: \_\_\_\_\_  
Job Title/Classification: \_\_\_\_\_

If Special Education:  Non-Severe  Severe

Department/Location/Site: \_\_\_\_\_

New Position (Date Board Approved: \_\_\_\_\_)  Vacant/Replaces: \_\_\_\_\_

Addition/Reduction Hours (Employee's Name: \_\_\_\_\_) # of Hours: \_\_\_\_\_  
Negotiated Approval Date: \_\_\_\_\_

Funding Change: From: \_\_\_\_\_ to \_\_\_\_\_

Short-term Assignment: (Employee's Name: \_\_\_\_\_ Ending Date: \_\_\_\_\_)

Other (explain): \_\_\_\_\_

**II. (a) WORK ASSIGNMENT:** Circle One: 180 Days 185Days 190 Days 200 Days 220 Days 260 Days Other: \_\_\_\_\_

Days Per Week (circle)	Scheduled Hours		Lunch	Hours Per Day
	Start	End	Start & End or No Lunch	
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F				
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F				
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F				
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F				

**II. (b) Work Year Assignment:** From: \_\_\_\_\_ To: \_\_\_\_\_  
FTE: \_\_\_\_\_ Status:  Permanent  Probationary  Temporary (Certificated)  Short-term (Classified)

Actual Contract Days: \_\_\_\_\_ Budget Code(s): \_\_\_\_\_

\_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_\_ % \_\_\_\_\_  
\_\_\_\_\_ % \_\_\_\_\_

COMMENTS/JUSTIFICATION/SPECIAL REQUIREMENTS:  
\_\_\_\_\_  
\_\_\_\_\_

Salary Placement  
Range: \_\_\_\_\_,  
Step: \_\_\_\_\_

HR Approval  
Date: \_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**III. Approvals**

Step 1: Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

Step 2: Special Projects: \_\_\_\_\_ Date: \_\_\_\_\_

Step 3: Budget Dept:  Funds Available: \_\_\_\_\_

Funds Not Available: \_\_\_\_\_  
 Vacant  
 Filled  
 Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Step 4: Personnel Dept: Date Posted: \_\_\_\_\_ Date Filled: \_\_\_\_\_

Filled by: \_\_\_\_\_ Hire Date: \_\_\_\_\_