

REQUEST FOR PERSONNEL ACTION

ACTION REQUESTED (Please check the box to the left of the action you are requesting):

<input type="checkbox"/> Establish new position	<input type="checkbox"/> Continue current position
<input type="checkbox"/> Change position	<input type="checkbox"/> Close current position

POSITION/TITLE (Please check the box to the left of the title/position):

<input type="checkbox"/> Teacher Assistant	<input type="checkbox"/> Prof. Expert ----	<input type="checkbox"/> Auxiliary Teacher 0915
<input type="checkbox"/> Education Aide	<input type="checkbox"/> Student Aide ----	<input type="checkbox"/> Community Rep. ----
<input type="checkbox"/> Classified Relief	<input type="checkbox"/> Advisor ----	<input type="checkbox"/> Other

EMPLOYEE/ASSIGNMENT/FUNDING INFORMATION: (Use "tab" to move to the next field)

Name	(Last)	(First)	(M.I.)	Employee No.	
Beginning Date	Ending Date		Class Code		
Differential	Basis	Maximum hours per pay period	Maximum total hours	Rate	
Payroll Fund	Program Code	Program Name			
In place of	Position Control		AREA	ORG	POSITION NO.
Remark					

REQUESTED BY:

School/Office			
Local District Alpha Code		Location Code	
_____ Principal/Administrator's Signature Date (mm/dd/yy)		Contact Person Telephone No.	

If required, appropriate processing packets must be attached to this request.

Schools: Please return completed form to the Local District Business and Finance Office.

FOR LOCAL DISTRICT BUSINESS AND FINANCE OFFICE USE ONLY

Processed by	Date processed
--------------	----------------

FOR HUMAN RESOURCES USE ONLY

		Fingerprint Clearance	
Act: _____	TR _____	Act: _____	TR _____
Ref: _____	Ref: _____	Ref: _____	Ref: _____
Act: _____	TR _____	Act: _____	TR _____
Ref: _____	Ref: _____	Ref: _____	Ref: _____
Remarks:	TAS:	Date:	
Assign. Tech.	Date:	Auditor:	Date: