

EASTSIDE UNION SCHOOL DISTRICT

PERSONNEL REQUEST

NOTE: Work may not begin until all approval signatures have been obtained. Complete all Parts in order.

ALL INFORMATION MUST BE TYPED.

Attach this completed request to the timesheet before submitting to Payroll.

Part I: Position Classification (mark with an X all that apply)

<input type="checkbox"/>	Certificated	<input type="checkbox"/>	New Position*	<input type="checkbox"/>	Regular
<input type="checkbox"/>	Classified	<input type="checkbox"/>	New Replacement	<input type="checkbox"/>	Substitute
<input type="checkbox"/>	Unclassified	<input type="checkbox"/>	Change of Status*	<input type="checkbox"/>	Temp. Add Hrly

Part II: Position Information

Position Title _____ School/Department _____

Name of Employee _____

Length of Service _____ For _____ and/_____ and/_____

Beginning Date	Ending Date	Hours Per Day	or	Total # Hours	or	Total # Days
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Part III: Justification/Comments (please be specific/detailed)

Part IV: Funding Classification (budget code)

_____	_____	_____	_____	_____	_____	_____
Percentage	Fund	Resource	Goal	Function	Object	Location
_____	_____	_____	_____	_____	_____	_____
Percentage	Fund	Resource	Goal	Function	Object	Location
_____	_____	_____	_____	_____	_____	_____
Percentage	Fund	Resource	Goal	Function	Object	Location

Part V: Position Compensation (Chief Fiscal Officer to fill out)

Certificated	or	_____	+	_____	=	_____	x	_____	=	_____	
Type of Compensation		Daily Rate/ Daily Stipend		Hourly Rate/ Hourly Stipend		Statutory Benefits		Sub Total		# Hours or # Days	Total Compensation
Classified	or	_____	+	_____	=	_____	x	_____	=	_____	
Type of Compensation		Daily Rate/ Daily Stipend		Hourly Rate/ Hourly Stipend		Statutory Benefits		Sub Total		# Hours or # Days	Total Compensation

Chief Fiscal Officer Signature _____ Date _____

Part VI: Requester

Principal/Supervisor Signature _____ Date _____

Department _____ Print Name _____

Part VII: Approvals (in order, as applicable*)

Asst. Supt. Educational Services Signature _____ Date _____

Asst. Supt. Administrative Services Signature _____ Date _____

Chief Fiscal Officer Signature _____ Date _____

Personnel Request Process/Procedures

1. Originator, Please fill out sections: Part I, Part II, and Part III.
- 2a. Part IV - If using school/department funds, have principal or supervisor fill out budget code.
- 2b. Part IV - If using district federal funds, contact Educational Services Exec. Assistant for funding code.
3. Part V - Route to Chief Fiscal Officer for position compensation information.
 - Certificated Professional Hourly Rate
 - Classified Hourly Rate
4. Part VI, Requestor Signature - Principal/Supervisor to sign, date, print name and site/department.
5. Part VII, Approvals - In order as applicable.
6. Once all information and signatures have been completed, Ed. Services or Admin. Services Exec. Assistant will send a copy back to originator/requestor, and send original to Chief Fiscal Officer to input into HR System.
7. If Personnel Request is for additional assignment, copy must be attached to timesheet when submitting to Payroll.