

Received in Personnel
Date _____
Time _____

**VACANCY/POSITION CHANGE REQUEST FORM**

**VACANCY**

Former Employee Name \_\_\_\_\_ Position Control # \_\_\_\_\_  
 Position Title \_\_\_\_\_ Site \_\_\_\_\_  
 Resigned     Retired     Site Transfer \_\_\_\_\_     Reassigned \_\_\_\_\_

**OR**

**CHANGE**

Employee Name \_\_\_\_\_ Position Control # \_\_\_\_\_  
 Position Title \_\_\_\_\_ Site \_\_\_\_\_  
 Leave of Absence     Extended Sick     FMLA     Maternity/Paternity  
 Increase/Decrease hrs/% from \_\_\_\_\_ to \_\_\_\_\_     Increase salary/% from \_\_\_\_\_ to \_\_\_\_\_  
 Increase step from \_\_\_\_\_ to \_\_\_\_\_     Change site from \_\_\_\_\_ to \_\_\_\_\_  
 Change in funding (describe) \_\_\_\_\_

Justification for change \_\_\_\_\_

Position Type	
<input type="checkbox"/>	Permanent Full Time
<input type="checkbox"/>	Permanent Part time
<input type="checkbox"/>	Temp/Sub Certificated
<input type="checkbox"/>	Temp/Sub Classified

Salary Schedules			
<input type="checkbox"/>	Certificated Teacher	<input type="checkbox"/>	Classified
<input type="checkbox"/>	Certificated Other	<input type="checkbox"/>	Classified Confidential
<input type="checkbox"/>	Certificated MGT	<input type="checkbox"/>	Classified MGT
<input type="checkbox"/>	Asst. Superintendent	<input type="checkbox"/>	Senior Classified MGT
<input type="checkbox"/>	Superintendent		

Classified Work Schedule	
Total Hours	_____
Total Days	_____
Total Week Hrs	_____
Start Time	_____ am/pm
End Time	_____ am/pm

Site Administrator/Director \_\_\_\_\_ Date \_\_\_\_\_

**Print and forward the original form to the Personnel Office and keep a copy for your records.**

**D I S T R I C T O F F I C E U S E O N L Y**

FD	RESOURCE	YR	OBJECT	SO	GOAL	FUNCTION	SCH	L1	LO2	L3	PROGRAM	HRS/MIN (CL) OR % (CE)
01				00					000	00		
01				00					000	00		
01				00					000	00		

Director, Human Services \_\_\_\_\_ Date \_\_\_\_\_  
 Categorical/Special Ed. Director \_\_\_\_\_ Date \_\_\_\_\_  
 Business Services Director \_\_\_\_\_ Date \_\_\_\_\_  
 Approved by Management \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Personnel**

Employee Hired/Changed _____	Official Hire Date: _____
Range: _____ Step: _____ FTE: _____	# Days _____ out of _____
Degrees: AA BA MA	Additional Compensation _____
Additional Info _____	
Date Entered into Escape: _____ Date Forwarded to Payroll _____	