



Proposal of New, Modification, or Inactivation of Personnel Position
School Year: _____

Requesting Administrator: _____

Position to be created / modified / inactivated: _____
(Circle one)

Org / Campus code: _____ **Base workdays:** _____ **Extra duty days:** _____

Position payschedule / paygrade: _____ **Est. Budget amount: \$** _____
(i.e. AP1, CS3, IS4, MT2)

Position funding source: _____

Justification / Explanation: _____

(If additional explanation needed, attach separate document)

_____	Approved	Denied	_____
Program Coordinator / Director			Date

_____	Approved	Denied	_____
Asst. Supt. (Immediate Supervisor)			Date

_____	Approved	Denied	_____
Exec. Director for Special Programs & School Improvements (if applicable)			Date

Submit to the office of Human Resources for Processing. Date Submitted: _____

Final Approval:

_____	Approved	Denied	_____
Asst. Supt. Finance and Operations			Date

_____	Approved	Denied	_____
Deputy Supt. Curriculum & Instruction			Date

_____	Approved	Denied	_____
Deputy Supt. Support Services			Date

_____	Approved	Denied	_____
Superintendent			Date

Human Resources Office Use Only:	Director Responsible: _____
	Board Approval date: _____

Job Description #: _____	Revised Date: _____
Position Number: _____	
1 st Paydate Code: _____	Calendar Code: _____