



**Personnel Addition/Change Form &
Position Posting Request**

Fiscal Year 2017-2018

This is a Posting **This is a Hire**

Effective Start Date: _____

Certified Staff

Name or Posting: _____

Assignment/Grade level: _____

Person replacing or open position that is being filled: _____

Or check here if this is a new position request:

Is this a budgeted position? Yes No

Location: _____

Continuing contract: or one year only

Or temporary with a duration of ____ to ____

Account code(s) _____

Full Time	OR hours/day	OR hours/week

CHANGES	From	To
Assignment or grade level		
FTE		
Transfer		
Account Codes	From To	

Classified/REACA Staff

Name or Posting: _____

Assignment: _____

Person replacing or open position that is being filled: _____

Or check here if this is a new position request:

Is this a budgeted position? Yes No

Location: _____

Continuing assignment: or one year only

Or temporary with a duration of ____ to ____

Account code(s) _____

Hrs/Day	Days/week	Hours/week	Days of week
			M T W T H F
			M T W T H F

CHANGES	From	To
Days/Year		
Hrs/Day		
Transfer (location)		
Account Codes	From To	

Comments:

Principal and Program Manager Signature(s) Date(s)

Director of Business & Operations Approval Date

Director of Human Resources Approval Date

Superintendent's Approval Date