



PERSONNEL REQUISITION

Name of Requestor _____ Date _____

Department/Campus _____

Position Profile and Reason for Request

Replacement for: (name of term employee) _____

New Position _____ # of positions requested _____

If approved, desired start date _____

Proposed calendar of employment _____ # of days per year _____

Reason for request (provide explanation in appropriate blank – attach additional narrative if needed)

- Increase in enrollment _____
- Increase in participation _____
- Special student need _____
- New program or program revision _____
- Other _____

Attach proposed job description for new position. An approved personnel position will be evaluated for pay grade placement within the district's compensation plan.

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**Approval Signatures**

Signature Campus Principal \_\_\_\_\_ Date \_\_\_\_\_

Signature Superintendent \_\_\_\_\_ Date \_\_\_\_\_