



Nicola Parr, Ed.D.  
County Superintendent

**Request for Staffing Change**  
(Requesting Administrator must complete **entire** form)

Position Control Number \_\_\_\_\_ If Replacement Staff, use current number.  
If new position, number will be assigned by business.

- ☐ Replacement Staff (Resignation, Retirement, Termination) Replaces: \_\_\_\_\_
- ☐ Additional Staff (New Position)
- ☐ Additional Hours/Days Current Position From \_\_\_\_\_ To \_\_\_\_\_
- ☐ Change of Position/Reclassification (Prior Approval Required)
- ☐ End Position

Classification \_\_\_\_\_ Effective Date \_\_\_\_\_

Position Title \_\_\_\_\_

Location (Work Site) \_\_\_\_\_

Hours per Day \_\_\_\_\_ Days per Year \_\_\_\_\_

Salary Schedule \_\_\_\_\_ Salary Range \_\_\_\_\_

Supervisor \_\_\_\_\_ Academic Dept. \_\_\_\_\_

Funding Source-Budget Code (for new position) \_\_\_\_\_

Name (If position currently filled) \_\_\_\_\_

Justification \_\_\_\_\_

**Authorized Signatures:**

Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy / Associate Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_  
(not needed for Replacement Staff)

Associate Superintendent,  
Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

County Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

Business Position Control: \_\_\_\_\_ Date: \_\_\_\_\_