



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: _____