

Suggested Title: _____
(If classified civil service position, attach New Position Duties Statement – cs form P200)

Division: _____ Location: _____

Work Year (mos.): _____ % Service: _____ Effective Date: _____
(If temporary, indicate inclusive dates)

Calendar: Teacher Office

Budgeted Position: Yes No Budget Code(s): _____
Funding Source(s): _____

Explanation of need for this position: _____

Alternatives considered: _____

▲ Requisitioner _____
▲ Date

I have reviewed and endorse the above requisition.

▲ Program Administrator _____
▲ Date

▲ Assistant Superintendent _____
▲ Date

Personnel Department Use Only

FLSA Status: Non Exempt Exempt **Jurisdictional Class:** Classified Unclassified

Position Title: _____
___ Exempt ___ Labor ___ Non Comp ___ Comp

Tenure Area: _____

License/Certification: _____

Employee Unit Designation: _____ Salary Grade/Range: _____

I do/do not recommend that the above position be authorized by the Board of Education:

▲ Superintendent _____
▲ Date

Board Action: Approved Denied _____
▲ Date

Comments: _____

_____ ▲ Position #