

WASHINGTON UNIFIED SCHOOL DISTRICT - REQUEST FOR CLASSIFIED AND CERTIFICATED PERSONNEL
 (Form must be filled out by manager, approved by appropriate director, authorized by Superintendent and sent to Human Resources)

Name of Requestor: _____	Site/Dept: _____	Date: _____
<input type="checkbox"/> Classified Employee <input type="checkbox"/> Part-Time <input type="checkbox"/> New Position	<input type="checkbox"/> Certificated Employee <input type="checkbox"/> Full-Time <input type="checkbox"/> Replacement	<input type="checkbox"/> Management <input type="checkbox"/> Temporary Assignment <input type="checkbox"/> Athletic Coach
Position: _____		First Date of Employment: _____
Location: _____	Hours Per Day: _____	From: ____ <input type="checkbox"/> am <input type="checkbox"/> pm To: ____ <input type="checkbox"/> am <input type="checkbox"/> pm
Person Being Replaced: _____		
Total Days Per Week: _____	Days Worked: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
Indicate Duty Days or Months Per year: _____ or From (Month) _____ To (Month) _____		
Justification: _____		
<input type="checkbox"/> Verbal <input type="checkbox"/> Written Notification for Re-assignment	Date Completed: _____	
General Duties Description: _____		
Special or Unusual Assignment and/or Qualifications (If any): _____		

Report below the actual time per day this employee will work. Indicate the program name, the school, the from and to time when the employee works in each program, compute the hours, tenths and hundreds of hours worked, and convert to a percent.

FROM	TO	HRS/TENTHS	PERCENT	PROGRAM NAME	SCHOOL	*Business Office Use Only ACCOUNT CODE
____ <input type="checkbox"/> am <input type="checkbox"/> pm	____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____	_____	_____	_____	_____
____ <input type="checkbox"/> am <input type="checkbox"/> pm	____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____	_____	_____	_____	_____
____ <input type="checkbox"/> am <input type="checkbox"/> pm	____ <input type="checkbox"/> am <input type="checkbox"/> pm	_____	_____	_____	_____	_____

<p>POSITION APPROVAL SECTION</p> <p>_____ Requestor's Signature</p> <p><input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED _____ (Superintendent/Designee)</p>	<p>FUNDING APPROVAL SECTION</p> <p><input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED _____ (Business Services)</p> <p>Reason for Disapproval: _____</p>
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DO NOT WRITE BELOW THIS LINE - FOR PERSONNEL USE ONLY	
CLASSIFIED EMPLOYEES	CERTIFICATED EMPLOYEES
Employee's Name: _____	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Long-Term Substitute
Effective Date: _____ SSN: _____	Employee's Name: _____
Contracted Monthly: \$ _____ Range: _____ Step: _____	Schedule Placement: _____ Class: _____ Step: _____
Total Comp: \$ _____ Hourly: \$ _____ Total Monthly: \$ _____	Salary: \$ _____ Additional: \$ _____ Total: \$ _____
Supervisor: _____ Pay Period: _____	Current Credential: _____
Approval: _____ Superintendent/Designee Date	Approval: _____ Superintendent/Designee Date
<p>RETURN THE COMPLETE DOCUMENT TO THE HUMAN RESOURCES OFFICE WHERE IT WILL BE DISTRIBUTED AS FOLLOWS:</p> <p>_____ Human Resources Office _____ Staple to Salary Worksheet and sent to Payroll Office _____ Responsible Director _____ Originator</p>	
<p>DATE RECEIVED BY HUMAN RESOURCES OFFICE:</p>	