



Adelanto Elementary School District PERSONNEL REQUISITION FORM (PRF)

- CERTIFICATED
- CLASSIFIED
- MANAGEMENT
- UNCLASSIFIED

SITE REQUEST

Current/ Last Incumbent: _____ Vacant

Classification: _____ New Classification

Type: New Position Replacement Substitute/Temporary Coaching Overtime Extra Period

Hourly Stipend Extra Duty (attach extra duty form) Extra Hours Termination Other (see details):

Change: Site Work Year Hours Account Number (see below) Other

POSITION INFORMATION

Work Days: 180 Days 182 Days 185 Days 190 Days 10 Months 10.5 Months 12 Months

Certificated _____ Days Contracted Work Days _____

FTE: FT PT _____ Hours/Day _____ Total Hours _____ Work Hours: _____

Work Location: _____ Supervisor _____

(Must be Completed)

Details: _____

FUNDING SOURCE _____ Not to Exceed \$ _____ Days _____ Hours _____

Account Change – From Account

| | | | | | | | | | | | | |
|--------------|-------|---|-------|---|-------|---|-------|---|-------|---|-------|---|
| Account No.: | _____ | - | _____ | - | _____ | - | _____ | - | _____ | - | _____ | % |
| Account No.: | _____ | - | _____ | - | _____ | - | _____ | - | _____ | - | _____ | % |
| Account No.: | _____ | - | _____ | - | _____ | - | _____ | - | _____ | - | _____ | % |
| To Account | | | | | | | | | | | | |
| Account No.: | _____ | - | _____ | - | _____ | - | _____ | - | _____ | - | _____ | % |
| Account No.: | _____ | - | _____ | - | _____ | - | _____ | - | _____ | - | _____ | % |
| Account No.: | _____ | - | _____ | - | _____ | - | _____ | - | _____ | - | _____ | % |

SCHOOL SITE COUNCIL APPROVED: _____. Expenditure request from State/Federal funds is authorized by the School Plan, Page(s) _____ Paragraph number(s) _____. I certify that the expenditures in this request will provide services to students in accordance with guidelines for LCFF, LCAP, and SBCP. All pertinent documents VERIFYING the above are on file at the school site for inspection.

Proposed Effective Date: _____

Signature of Administrator Requesting Action

SUPERINTENDENT APPROVAL: New Positions

Approved, Superintendent: _____ Date: _____

CAO/FUNDING APPROVAL: Required for all positions funded by Title 1 (Resource Code 3000 – 4000), Special Education & Location Code 711

Approved, Chief Academic Officer: _____ Date: _____

CBO/POSITION CONTROL & BUDGET AUTHORIZATION

Position Code: _____ By: _____ Date: _____

Approved, Chief Business Official: _____ Date: _____

CPO APPROVAL

Approved, Chief Personnel Officer: _____ Date: _____

DISTRICT ACTION

Name of Employee: _____ EID: _____

Work Location: _____ Classification: _____

Schedule _____ Column/Range _____ Step _____ Rate _____ Per: Hr Mth Day Yr

Calendar _____ Status _____ Retirement _____

Board Agenda Date: _____ Hire Date: _____ Effective Date: _____

EPICS Input Date: _____ By: _____ Site, IT, Payroll, Risk, Sub System, Keys, MAA Notified on: _____

ACTION TAKEN: New Hire Termination Resignation Separation Transfer Displacement

Workflow Verification: Certificated Classified Benefits Payroll