



# Conejo Valley Unified School District

## CLASSIFIED PERSONNEL / PERSONNEL COMMISSION

1400 E. Janss Road, Thousand Oaks, California 91362-2198

Telephone (805) 497-9511 • FAX (805) 494-3741

Request # \_\_\_\_\_

### CLASSIFIED POSITION REQUEST (ESTABLISH/MODIFY/ELIMINATE PERMANENT POSITION)

POSITION ACTION REQUESTED BY: \_\_\_\_\_  
Administrator / Department Head Name Department / School Site

#### TYPE OF POSITION ACTION REQUESTED:

**ESTABLISH NEW POSITION(S) IN AN EXISTING CLASSIFICATION** JOB CLASS TITLE: \_\_\_\_\_

NUMBER OF POSITIONS \_\_\_\_\_ WORK ASSIGNMENT TERM: (1) \_\_\_\_\_ DAYS/MONTHS PER YEAR \_\_\_\_\_ HRS/DAY \_\_\_\_\_ HRS/WEEK

POSITION LOCATION: \_\_\_\_\_ (2) \_\_\_\_\_ DAYS/MONTHS PER YEAR \_\_\_\_\_ HRS/DAY \_\_\_\_\_ HRS/WEEK

**ESTABLISH NEW POSITION IN A NEW (NON-EXISTING) CLASSIFICATION** (Attach proposed list of core position functions to be prescribed)

PROPOSED JOB CLASS TITLE (OPTIONAL) \_\_\_\_\_

NUMBER OF POSITIONS \_\_\_\_\_ WORK ASSIGNMENT TERM: (1) \_\_\_\_\_ DAYS/MONTHS PER YEAR \_\_\_\_\_ HRS/DAY \_\_\_\_\_ HRS/WEEK

POSITION LOCATION: \_\_\_\_\_ (2) \_\_\_\_\_ DAYS/MONTHS PER YEAR \_\_\_\_\_ HRS/DAY \_\_\_\_\_ HRS/WEEK

**MODIFY PERMANENT EXISTING POSITION** (Increase or reduce position allocation)

JOB CLASS TITLE: \_\_\_\_\_ POSITION LOCATION: \_\_\_\_\_

POSITION STATUS: \_\_\_ VACANT \_\_\_ INCUMBENT IN POSITION \_\_\_\_\_  
Employee Name

ASSIGNMENT TERM (FTE/WORK YEAR) : CURRENT: \_\_\_\_\_ MONTHS/YR \_\_\_\_\_ DAYS/YR \_\_\_\_\_ HRS/DAY \_\_\_\_\_ HRS/WEEK

PROPOSED : \_\_\_\_\_ MONTHS/YR \_\_\_\_\_ DAYS/YR \_\_\_\_\_ HRS/DAY \_\_\_\_\_ HRS/WEEK

**ELIMINATE PERMANENT EXISTING POSITION (LACK OF WORK / LACK OF FUNDS)**

POSITION STATUS: \_\_\_ VACANT \_\_\_ INCUMBENT IN POSITION \_\_\_\_\_  
Employee Name

POSITION LOCATION: \_\_\_\_\_

ASSIGNMENT TERM (FTE/WORK YEAR): \_\_\_\_\_ MONTHS/YR \_\_\_\_\_ DAYS/YR \_\_\_\_\_ HRS/DAY \_\_\_\_\_ HRS/WEEK

**BASIS FOR REQUEST:** Provide detail to support your request. Attach an additional memo to further explain what services are being added or expanded in case of new position or increase of assignment; and alternatively, if proposal to eliminate/reduce position, whether it is a result of lack of funding, lack of work, or both, or organizational restructuring).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FUNDING / BUDGET INFORMATION:** \*When establishing new or increasing assignment term for existing position

PROGRAM BUDGET \_\_\_\_\_ ACCOUNT CODE \_\_\_\_\_

### REQUIRED APPROVAL SIGNATURES

#### CLASSIFIED PERSONNEL DEPARTMENT USE ONLY

REVIEWED BY DIRECTOR, CLASSIFIED PERSONNEL ON:  
DATE: \_\_\_\_\_ INITIAL \_\_\_\_\_

BOARD OF EDUCATION ACTION: \_\_\_\_\_  
Established Position Term: \_\_\_\_\_ FTE \_\_\_\_\_ Hrs  
\_\_\_\_\_ Work Year

Position Location \_\_\_\_\_  
Escape Position # \_\_\_\_\_

PERSONNEL COMMISSION ACTION: \_\_\_\_\_  
Assigned Job Class: \_\_\_\_\_

\_\_\_\_\_  
REQUESTING ADMINISTRATOR DATE

\_\_\_\_\_  
ELEMENTARY / SECONDARY DIRECTOR (\*school site originated requests) DATE

\_\_\_\_\_  
DIVISION ASSISTANT/DEPUTY SUPERINTENDENT DATE

\_\_\_\_\_  
DIRECTOR, FISCAL SERVICES (FUNDING REVIEW) DATE

\_\_\_\_\_  
ASSISTANT SUPERINTENDENT, PERSONNEL SERVICES DATE