



AUTHORIZATION FOR EXEMPT EMPLOYMENT POSITION

PART I POSITION ASSIGNMENT REQUEST

DEPARTMENT / SCHOOL: _____ SCHOOL YEAR: _____ - _____

- Campus Supervisor**
 Student Helper
 Proctor: ___Level I ___Level II ___Level III

NOTE: For specialist assignments, (1) please review the Professional Expert "Specialist" Assignment Guide available on the Classified HR webpage to determine the assignment level based on criteria for assignment scope of work and professional qualifications as provided for in the matrix; (2) complete Duty Statement form and (3) provide a statement of candidate qualifications or resume that identifies their educational training. Mark the specific academic specialty area for the requested academic specialist assignment.

- | | |
|--|--|
| <input type="checkbox"/> Academic Specialist I \$ _____ hrly
Range of Pay: \$14.50 - \$19.50
<input type="checkbox"/> Academic Specialist II \$ _____ hrly
Range of Pay: \$20 - \$25.00
<input type="checkbox"/> Academic Specialist III \$ _____ hrly
Range of Pay: \$25.50- \$35.00
<input type="checkbox"/> Academic Specialist IV \$ _____ hrly
Range of Pay: \$35.50 - \$65.00
<input type="checkbox"/> Technical Specialist: (specify) _____ \$ _____ hrly
Note: Assignments under this designation are relative to non-academic professional services | ACADEMIC SPECIALTY AREA—SPECIFY ALL THAT APPLY :
<input type="checkbox"/> Enrichment <input type="checkbox"/> Intervention
<input type="checkbox"/> Educational Technology <input type="checkbox"/> Music/Theater
<input type="checkbox"/> Physical Education <input type="checkbox"/> Art
<input type="checkbox"/> Dance <input type="checkbox"/> Other: _____
<input type="checkbox"/> Educational Curriculum Development/Training |
|--|--|

PART II ASSIGNMENT TERM DETAIL / FUNDING

Assignment Dates: _____ - _____ *Last day must be before last day of school year.

Work Days: Mon—Fri or Mon Tue Wed Thur Fri

Total Weekly Assigned Hours : _____ **Average Number of Hours / Day:** _____

FUNDING: Program _____ **Account Number:** _____

PART III PROSPECTIVE EMPLOYEE INFORMATION

Legal Name: _____ **Phone #:** _____

Address: _____ **Email:** _____

Education:

- AA Bachelors Masters Graduate

Field of Study: _____

Work Experience Related to Position:

- > 1 years 1 to 3 years
 4 to 6 years 7 or more years

- Teaching Credential:** Single Subject _____
 Multi-Subject Adult Education

SCHOOL/DEPARTMENT ADMINISTRATOR CERTIFICATION

I certify that the requested assignment meets the criteria for exemption from classified service, and adheres to the guidelines for establishing the rate of pay to preserve pay equity for like work within the Conejo Valley USD.

 Requesting Administrator Signature

 Date

INSTRUCTIONAL SERVICES REVIEW

Rate of Pay: Approve Modify \$ _____

Teaching Credential Required: Yes _____
 No

 Director, Elementary or Secondary Ed (schools only)

 Date

HUMAN RESOURCES DEPARTMENT REVIEW

Rate of Pay: Approve Modify \$ _____

Teaching Credential Required: Yes _____
 No

 Director, Classified Personnel

 Date