



# 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 # \_\_\_\_\_

### TEMPORARY / LIMITED TERM ASSIGNMENT REQUEST

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

#### TYPE OF ASSIGNMENT REQUESTED

**LIMITED-TERM RELIEF (NO VACANCY)** \*Position term not to exceed 6 months in fiscal year – Education Code 45286)

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

ASSIGNMENT DURATION: \_\_\_\_\_ - \_\_\_\_\_ WORK DAYS:  MON-FRI |  MON  TUES  WED  THUR  FRI  SAT  
START DATE END DATE

ASSIGNMENT WORK HOURS: \_\_\_\_\_ - \_\_\_\_\_  VARIABLE HOURS NOT TO EXCEED WEEKLY TOTAL: \_\_\_\_\_

PROPOSED JOB CANDIDATE(IF KNOWN): \_\_\_\_\_ - IF CURRENT EMPLOYEE, COMPLETE BELOW:

REGULAR POSITION JOB CLASS \_\_\_\_\_ REGULAR POSITION ASSIGNMENT TERM: \_\_\_\_\_ HRS/DAY  
REGULAR POSITION WORK YR CALENDAR # \_\_\_\_\_

**LIMITED-TERM RELIEF (SUBSTITUTE) / WORK OUT-OF-CLASS ASSIGNMENT**

\*Position term not to exceed the duration of regular employee's absence.

ABSENT EMPLOYEE NAME: \_\_\_\_\_ JOB CLASS TITLE: \_\_\_\_\_

PROPOSED JOB CLASS OF SUB ASSIGNMENT: \_\_\_\_\_ POSITION LOCATION: \_\_\_\_\_

ASSIGNMENT DURATION: \_\_\_\_\_ - \_\_\_\_\_ WORK DAYS:  MON-FRI |  MON  TUES  WED  THUR  FRI  SAT  
Start Date End Date

ASSIGNMENT WORK HOURS: \_\_\_\_\_ - \_\_\_\_\_  VARIABLE HOURS NOT TO EXCEED WEEKLY TOTAL: \_\_\_\_\_  
Start Time End Time

PROPOSED JOB CANDIDATE(IF KNOWN): \_\_\_\_\_ - IF CURRENT EMPLOYEE, COMPLETE BELOW:

REGULAR POSITION JOB CLASS \_\_\_\_\_ REGULAR POSITION ASSIGNMENT TERM: \_\_\_\_\_ HRS/DAY  
REGULAR POSITION WORK YR CALENDAR # \_\_\_\_\_

**LIMITED TERM RELIEF – EXTEND WORK YEAR/EARLY RETURN** (\*For regular existing positions)

EMPLOYEE NAME: \_\_\_\_\_ JOB CLASS TITLE: \_\_\_\_\_

REGULAR POSITION WORK YEAR TERM: \_\_\_\_\_ ASSIGNED WORK YEAR CALENDAR # \_\_\_\_\_

SPECIFY ADDITIONAL WORK DAYS: \_\_\_\_\_ - \_\_\_\_\_ OR 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

**BASIS FOR REQUEST** \*Specify the need for additional staffing resources – type and scope of work to be performed. May attach extra sheet.

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

**FUNDING / BUDGET INFORMATION** \*Must be completed unless the cost is to be billed to District Substitute budget.

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 only) \_\_\_\_\_ DATE \_\_\_\_\_

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

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