



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

REQUESTING ADMINISTRATOR _____ DATE _____

DIRECTOR (*school site originated requests only / DIVISION ASSISTANT SUPERINTENDENT) _____ DATE _____

DEPUTY SUPERINTENDENT, BUSINESS SERVICES _____ DATE _____

DIRECTOR, FISCAL SERVICES (FUNDING REVIEW) _____ DATE _____

HUMAN RESOURCES _____ DATE _____

HUMAN RESOURCES 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: _____