

## Dixon Unified School District Personnel Action Requisition

Requisitioner: \_\_\_\_\_ School/Dept: \_\_\_\_\_ Date: \_\_\_\_

| 1 ACTION REQUEST   | *For New Position, Funding Ch  | anges or Increase to F         | TE Request | s:                           |                     |             |
|--|--|--------------------------------|------------|------------------------------|---------------------|-------------|
|  | Completion of Fiscal Impact Justification below is required and submit directly to Business Office |                                |            |                              |                     |             |
|  | Authorized Position #: No Change to Existing Position (Skip to #2)                                 |                                |            |                              |                     |             |
|  | ☐ Establish New Position ☐ Changes to Exis *If new, leave Pos # above blank                        |                                |            | ting Position                | ☐ Close Position    |             |
|  | ☐ Extend Position  |                                | ing Change | 2                            | ☐ Work Calendar     | Change      |
| 2 POSITION<br>TYPE &<br>VACANCY  |  | erm Substitute Please Explain: |            | hort Term Assign.            | □ Summer            |             |
| INFORMATION  | Location of Position   |                                |            | Position Title (Grade        | e/Subject)          |             |
|  | Full Time/Part Time (Indicate FTE)   |                                |            | Supervisor                   |                     |             |
|  | # Hours/Day  | # Days/Week                    |            | Start and End Time           | 2                   | ·           |
|  | Work Year (Months):  |                                |            | Desired Start Date:          |                     |             |
|  | Incumbent Information:   |                                |            |                              |                     |             |
|  | Previous Incumbent Name:   |                                |            | Terminated/Resigned/Retired: |                     |             |
|  | Transferred to:  |                                |            | Reassigned:                  |                     |             |
|  | Status Change:   |                                |            | Other:                       |                     |             |
| 3 PROGRAM & FUNDING SOURCE   | Old Budget Code:   |                                |            |                              | % of FTE _          |             |
| FONDING SOURCE   | New Budget Codes(s):   |                                |            |                              | % of FTE            |             |
|  |  |                                |            |                              | % of FTE            |             |
|  |  |                                |            |                              | _                   |             |
|  |  |                                |            |                              | % of FTE            |             |
| 4 COMMENTS & FISCAL IMPACT   | Comments: Fiscal Impact Justification:   |                                |            |                              |                     |             |
|  | riscar impact sustineation.  |                                |            |                              |                     |             |
| JUSTIFICATION  | ☐ Credential Required  | Credential Type:               |            |                              | ☐ Bilingu           | al Required |
| 5 AUTHORIZED<br>SIGNATURES   | (School Site Administra  | ator) (Date                    | <u>.)</u>  | (District Office             | e Administrator)    | (Date)      |
|  | (Chief Business Official)  | )                              | (Date)     | (Exec Director               | of Human Resources) | (Date)      |
| For Human Resources Department Use Only                                    |  |                                |            |                              |                     |             |
| Board Date # Employee Information:   |  |                                |            |                              |                     |             |
|  | <del></del>  |                                |            |                              |                     |             |
| Date to Payroll: Range/Column:Step:  Updates: Position Control Evaluations |  |                                |            | Name                         |                     |             |
| Begin Date Update She  | End Date   | <u>—</u><br>—                  |            | Begin Date                   |                     |             |
| New Hire   | Frontline  | <u> </u>                       |            | Status                       | (Prob 0, 1, 2, Te   | emp, Perm)  |
| Credential<br>Barg. Unit R   | Target Soluep. Other   | - <b>-</b>                     |            | Approved                     | Date                |             |

## DIXON UNIFIED SCHOOL DISTRICT INSTRUCTIONS FOR

## PERSONNEL ACTION REQUISITION

**Purpose:** The purpose of the Personnel Action Requisition is to identify information to recruit for a vacant position, create a new position, authorize additional work for employees (including stipends), or authorize a certificated long term substitute.

**Steps:** The steps for completing and submitting the Personnel Action Requisition are as follows:

**SECTION 1** Action Request: Complete information regarding the position or vacancy to post. If you are requesting a new position, change to existing position or increase in FTE, the Fiscal Impact Justification section is required to be completed.

**SECTION 2** Position Type & Vacancy Information: Indicate the type of assignment for this request and the previous incumbent's information if it is a replacement.

**SECTION 3** Program & Funding Source: Complete the appropriate funding information. Make sure there are funds available in your budget before submitting this form. Identify the source(s) of funding if it is a new position or there is an increase to the position FTE.

**SECTION 4** Comments or Fiscal Impact Justification: Please indicate if there are any special requirements or information for this position or for the job announcement. If this is a new position or increase in FTE, completing the Fiscal Impact Justification section is required. Indicate the funding source(s) for the new position or increased FTE.

**SECTION 5** Authorized Signatures: Please make sure all appropriate signatures are completed. The Chief Business Official's signature is required for new positions, Funding Changes or increases to FTEs, **before** submitting to Human Resources Department for processing.

## **AUTHORIZED SIGNATURES: Approval/Routing:**

- a. Requesting Administrator completes and signs/dates the form and routes to the next applicable person on the list. If some or all funding for the position falls under the responsibility of another program manager (besides the Requisitioner), then the approval routing goes to that Administrator.
- b. The Chief Business Official signs/dates the form, if it is a new position, funding changes, or increases to FTE.
- c. The final approval required is by the Executive Director of Human Resources. Once completed, Human Resources will file the original copy and distribute completed copies to the Requisitioner and to the Business Office, if applicable, and will process the requisition accordingly.