

Silver Valley Unified School District  
PERSONNEL REQUEST FORM

<input type="checkbox"/>	Certificated
<input checked="" type="checkbox"/>	Classified

I. Department/Site Requesting: Lewis Position Title: Categorical Aide  
 Grade: TK Subject: \_\_\_\_\_ Effective Date: \_\_\_\_\_

II.  NEW POSITION       CHANGE IN WORK YEAR       REPLACEMENT POSITION

\_\_\_\_\_  
Name of employee being replaced

Full Time/Permanent

Number of days per week: 5

Part Time/Permanent

Number of hours per day: 5.75

Full Time/Temporary

Number of months per year: 10

Part Time/Temporary

Change in hours/days: From: \_\_\_\_\_ To: \_\_\_\_\_

DELETE POSITION - Position was previously held by: \_\_\_\_\_

ADDITIONAL ASSIGNMENT \_\_\_\_\_

Department/Site Requesting: \_\_\_\_\_ Not to exceed \_\_\_\_\_ hours

III. Title of Funding Source: General fund R Schmitt 8/9/24  
Fiscal Approval Date

Budget Code(s): \_\_\_\_\_ Purpose/Justification: \_\_\_\_\_

Department/Site Administrator responsible for monitoring position: \_\_\_\_\_  
Name and Title

Contingencies or notes regarding approval: \_\_\_\_\_

**For Human Resources Office Use Only**

Job Title: \_\_\_\_\_ Site: \_\_\_\_\_

Name of employee selected: \_\_\_\_\_ Start date: \_\_\_\_\_

Range/Step: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Monthly Rate: \_\_\_\_\_

Board approval date: \_\_\_\_\_ HR Signature: \_\_\_\_\_

Requested by: [Signature] 8/9/24  
Department Head/Principal Date

Approved by: [Signature] 8/9/24  
Senior Director, Business Services Date

Approved by: [Signature] 8/9/2024  
Asst. Superintendent Business Services Date

Program/Budget Approval: \_\_\_\_\_  
Asst. Superintendent, Educational Services/Senior Director Date