

**REQUEST FOR NEW / CHANGE / REMOVAL OF POSITION**

PLEASE ATTACH ANY JUSTIFICATION DOCUMENTS AS DEEMED NECESSARY.

**Name of Administrator / Supervisor:** \_\_\_\_\_**Campus / Department:** \_\_\_\_\_**REQUEST**

Name of Position Requested:	Pay Grade:
Justification:	

**CHANGE**

Name of Position to be Changed:	Pay Grade:
Proposed Name of Position:	Pay Grade:

**REMOVAL**

Name of Position to be Removed:
Reason for Removal of Position Inventory:

**Proposed Funding Source:**

Principal / Administrator:	Date:
Program Director (if applicable):	Date:
Asst. Superintendent:	Date:
Chief Financial Officer:	Date:
Director for Human Resources:	Date:
Superintendent:	Date:

**FOR OFFICE USE ONLY**

Position Control Name:	Date Entered:
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