



# CAJON VALLEY UNION SCHOOL DISTRICT PERSONNEL CHANGE / REQUISITION

Legal Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
\*Name appearing on your Social Security Card

School / Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

### EMPLOYEE-INITIATED CHANGES

**Name Change** FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
\*Valid Identification or Driver's License, Original Social Security Card, and this A36 are Required for Name Changes

**New Address** \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### SITE-INITIATED CHANGES

**Assignment Change** FROM: \_\_\_\_\_ Pos #: \_\_\_\_\_ Occ Code: \_\_\_\_\_  
(Hrs / FTE / Days / Title)  
TO: \_\_\_\_\_ Pos #: \_\_\_\_\_ Occ Code: \_\_\_\_\_

**Budget Change** FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
\_\_\_\_\_

Effective Date: \_\_\_\_\_ Date Submitted: \_\_\_\_\_ Initiator: \_\_\_\_\_

### PERSONNEL REQUISITION - TO FILL VACANCIES

School / Department: \_\_\_\_\_ Title of Vacancy: \_\_\_\_\_

Previous Incumbent (name): \_\_\_\_\_

**Reason for Request (the reason for vacancy) :**

Transfer  Promotion  Resignation  Growth  New Program  Leave of Absence

**Certificated:** F.T.E. \_\_\_\_\_ Grade Level \_\_\_\_\_ Subject (Middle School) \_\_\_\_\_

Requirements (e.g., CLAD, BCLAD, GATE, etc.): \_\_\_\_\_

**Classified:** Hrs/Day \_\_\_\_\_ Hrs/Wk \_\_\_\_\_ Paid Days Per Year \_\_\_\_\_

Work Hours: From \_\_\_\_\_ a.m. / p.m. to \_\_\_\_\_ a.m. / p.m. **Circle Work Days** M T W TH F

Permanent  Temporary Until \_\_\_\_\_ Other \_\_\_\_\_ Requested Start Date \_\_\_\_\_

Budget (including percentages) to be Charged: \_\_\_\_\_  
\_\_\_\_\_

Initiator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal / Dept. Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PERSONNEL / PAYROLL / ACCOUNTING USE ONLY

Position Filled By: \_\_\_\_\_ Employee ID (or last 4 of SSN): \_\_\_\_\_

Position #: \_\_\_\_\_ Occupation Code: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Type of Hire: \_\_\_\_\_

Personnel Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Analyst / Cost Accountant Signature \_\_\_\_\_ Date: \_\_\_\_\_