



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: _____

ORIGINAL: Personnel

COPY: Site

COPY: Employee