

Notice to Advertise
 Change of Status

New
 Replacement

PCN # _____

1. SCHOOL/DEPARTMENT _____

Date of Request _____

2. SIGNATURE OF ORIGINATOR _____
Signature *Title*

3. EMPLOYMENT Certificated Classified Management Non-Management

4. STATUS – Check one in each line

a. Full time Equivalent _____ Number of days per year _____

b. Full Time Part Time Hourly
Number of hours per day _____ Number of days per week _____

c. Regular Temporary New Replacement – **Employee replaced** _____

Reason for replacement: Leave Transferred Resigned Retired Other _____

5. Position Title _____

Employment to start on _____ and end on _____

Classification _____ Salary Range _____

Funding Source and Project General Fund Categorical/Federal or State Funds Non-General Fund %

BUDGET INFORMATION

Fund	Resource	Year	Goal	Function	Object	Site	Responsibility	
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

EXPLANATION FOR NEED/CHANGE

ADMINISTRATIVE APPROVAL

HUMAN RESOURCES

Approved Not Approved
Comments _____

Signature _____

Date _____

BUSINESS SERVICES

Approved Not Approved
Comments _____

Signature _____

Date _____

EDUCATIONAL SERVICES

***FOR CATEGORICAL FUNDS ONLY**

Approved Not Approved
Comments _____

Signature _____

Date _____

SUPERINTENDENT

Approved Not Approved
Comments _____

Signature _____

Date _____