



CONEJO VALLEY UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT
750 Mitchell Road, Newbury Park, California 91320
Telephone (805) 498-4557

☐ New

☐ Certificated
☐ Classified
☐ Substitute

AUTHORIZATION FOR EXEMPT EMPLOYMENT POSITION

PART I POSITION ASSIGNMENT REQUEST

DEPARTMENT/SCHOOL: _____ SCHOOL YEAR: _____ - _____

☐ Student Helper ☐ Intern ☐ Proctor: ☐ Level I ☐ Level II ☐ Level III

NOTE: For specialist assignments, (1) review the **Professional Expert "Specialist" Assignment Guide** available on the Human Resources webpage to determine the assignment level based on criteria for assignment scope of work and professional qualifications as provided for in the matrix; (2) complete **Duty Statement** form and (3) provide a statement of candidate qualifications or resume that identifies their educational training. Mark the specific academic specialty area for the requested academic specialist assignment.

Academic Specialist I \$ _____/hour

Range of Pay: \$17.17 - \$23.23

Academic Specialist II \$ _____/hour

Range of Pay: \$23.24 - \$29.80

Academic Specialist III \$ _____/hour

Range of Pay: \$29.81 - \$35.35

Academic Specialist IV \$ _____/hour

Range of Pay: \$35.36 - \$65.65

ACADEMIC SPECIALTY AREA - SPECIFY ALL THAT APPLY :

☐ Enrichment ☐ Intervention
☐ Educational Technology ☐ Music/Theater
☐ Physical Education ☐ Art
☐ Dance ☐ Other: _____
☐ Educational Curriculum Development/Training

Technical Specialist: (specify) _____ \$ _____/hour

Note: Assignments under this designation are relative to non-academic professional services

Adult Ed: Instructor _____ / yrs of service \$ _____/hour **Coordinator** \$ _____/hour

PART II ASSIGNMENT TERM DETAIL / FUNDING - MUST BE COMPLETE

Assignment Dates: _____ - _____ * Last day must be before last day of school year.

Work Days: ☐ Monday - Friday **-OR-** ☐ Mon. ☐ Tues. ☐ Weds. ☐ Thurs. ☐ Fri.

Total Weekly Assigned Hours: _____ **Average Number of Hours / Day:** _____

FUNDING: Program _____ **Account Number:** _____

PART III PROSPECTIVE EMPLOYEE INFORMATION

Legal Name: _____ **Phone #:** _____

Address: _____ **Email:** _____

Education: _____ **Work Experience Related to Position:** _____

☐ AA ☐ Bachelors ☐ Masters ☐ Graduate ☐ > 1 years ☐ 1 to 3 years
☐ 4 to 6 years ☐ 7 or more years

Teaching Credential Required:

☐ Single Subject _____ ☐ Multi-Subject ☐ Adult Education

SCHOOL ADMINISTRATOR CERTIFICATION

I certify that the requested assignment meets the criteria for exemption from classified service, and adheres to the guidelines for establishing the rate of pay to preserve pay equity for like work within the Conejo Valley USD.

Requesting Administrator Signature

Date

DEPARTMENT SERVICES REVIEW

Rate of Pay: ☐ Approve ☐ Modify \$ _____

Approving Administrator Signature Date

Print Name Title

HUMAN RESOURCES DEPARTMENT REVIEW

Rate of Pay: ☐ Approve ☐ Modify \$ _____

Teaching Credential Required: ☐ Yes _____
☐ No

Director, Classified -or- Asst. Supt., Certificated Date