

Ripon Unified School District
Request to Hire/Change Status

Fiscal Year _____

Employee: _____

Site: _____

Certificated Classified

Request for:

- Replacement for: _____
- New Position
- Change Position
- Change Work Location
- Change Hours/Shift
- Change Work Year
- Change Funding Source
- Leave of Absence Reason: _____
- Separation (check one) Resignation Termination

Classification:

- Probationary Effective: _____
- Coach: Paid or Volunteer
- Permanent
- Substitute
- Temporary
- Short Term Length _____
- Long Term – Length _____
- Certificated Classified
- Release Retirement

Present Position:

Position: _____ Control # _____ Location: _____

(Hours Per Day) M _____ Tu _____ W _____ Th _____ F _____ Program: _____

(Hours Per Day) M _____ Tu _____ W _____ Th _____ F _____ Program: _____

(Hours Per Day) M _____ Tu _____ W _____ Th _____ F _____ Program: _____

Length of Work Year (FTE): _____

Proposed New Position:

Position: _____ Control # _____ Location: _____

(Hours Per Day) M _____ Tu _____ W _____ Th _____ F _____ Program: _____

(Hours Per Day) M _____ Tu _____ W _____ Th _____ F _____ Program: _____

(Hours Per Day) M _____ Tu _____ W _____ Th _____ F _____ Program: _____

Length of Work Year (FTE): _____

First Day of Service: _____

Ending Date: _____
(if applicable)

Approved: _____
Principal/Supervisor

Date: _____

Approved: _____
Superintendent

Date: _____

Reviewed: _____ / _____
Personnel Manager Business Manager

Date: _____

District Use Only

Account Number: _____ %

Account Number: _____ %

Salary Schedule _____ Range _____ Step _____ Annual _____ Monthly _____