

VCSBSA
CLASSIFIED ADD-ON
Position Authorization Request Form (PAR)



District/Charter: _____

1. Employee Name: _____

2. Board Action: ☐ Add ☐ Change ☐ Delete

3. Type of Add-On: ☐ Additional Duty ☐ Substitute

4. Other: _____

Add-On: Use for additional duty separate from position

1. Add-On Description _____
(Board approved extra duty description)

2. Add-On Effective Date: _____ Ending Date: _____

3. Salary Schedule: _____ Monthly/Daily/ Hourly Rate: _____

4. Budget Amount: \$ _____

5. Add-On Payroll Terms: ☐ Monthly ☐ Daily ☐ Hourly

6. Funding Accounts: _____

7. Comments/LCAP Goal/Action: _____

Superintendent /Director's Signature: _____

Date: _____

Date of Board Approval: _____