



VCSBSA
CERTIFICATED POSITION
Position Authorization Request Form (PAR)

District/Charter: _____

1. Employee Name: _____
2. Nature of Board Action: ☐ Add ☐ Change ☐ Delete
3. Reason for Action: ☐ New Hire ☐ Termination ☐ Retired ☐ LOA ☐ Return LOA
☐ Reassigned ☐ Column/Step Change ☐ Other: _____

BSA Office Use

Frontline: _____

H&W: _____

4.a. Position-Use this section for all requests for positions

1. Position Title: _____
(If new position title, attach a copy of Board approved job description/Teacher type/grade)
2. Position #: _____ Authorized FTE: _____
3. Position Effective Date: _____ Ending Date: _____
4. Pay Status: ☐ Equalized ☐ Hourly ☐ Daily
5. ☐ Calendar: _____ Number of contract days: _____
☐ Hourly: Number of hours per day _____ Number of hours per year: _____
☐ Daily: Number of hours per week _____ Number of days per year: _____
6. Certificated Salary Schedule: _____
(Schedule/Column/Step)
7. Hourly/ Monthly/Daily Rate: \$ _____ Annual Budget Amount: \$ _____
8. Funding Accounts: _____
9. Comments/LCAP Goal/Action: _____

4.b. Position Classification required in Q (Use this section for job classification specifications for CAL PADS purposes)

1. Job Category ID: _____
2. Job Class: _____
3. State Job Class: _____
4. Classroom or Non-Classroom: _____

Superintendent/Director's Signature: _____

Date: _____

Date of Board Approval: _____