



**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: \_\_\_\_\_