



VCSBSA
CERTIFICATED POSITION
Position Authorization Request Form (PAR)

District/Charter: _____

BSA Office Use

Smart Find: _____

H&W: _____

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: _____

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)
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/Step/Column)
7. Hourly/ Monthly/Daily Rate: \$ _____ 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: _____