

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: \_\_\_\_\_