

VCSBSA
CLASSIFIED POSITION
Position Authorization Request Form (PAR)



District/Charter: _____

BSA Office Use

H&W: _____

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

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 or Hourly
5. Calendar: _____ Number of contract days: _____
 Hourly: Number of hours per day _____ Number of hours per year: _____
6. Salary Schedule: _____ Hourly/ Monthly Rate: \$ _____
(Schedule/Step)
7. Budget Amount: \$ _____
8. Funding Accounts: _____
9. Comments/LCAP Goal/Action: _____

Superintendent/Director's Signature: _____

Date: _____

Date of Board Approved: _____