HR Request Template FOR 2015-2016

School/Dept. Name	IT Department		Request Date	1/22/2016
Please Select One by Marking X	Add Allocation:	Transfer Allocation:		Advertisement:
Allocation Type: Please Mark X	Position:	Supplement:	X	
Unit Requested	Position:	Supplement:		Up to 3 units per form.
Rationale	Employee has a professional Cerfication	on already reviewed by	HR.	

^{*} Approved request(s) are valid for the current fiscal year only.

Funding Source Information (From):

Fund Source		Select one or type the fur	ne funding source. (For transfer or add allocation request only)				
Account Code (for add & transfer request)	0110	6500	0160	9005	8486		
Position Control # 1 (for transfer request)		Job Title Description		Job Title Code			
Position Control # 2 if applicable (for transfer request)		Job Title Description		Job Title Code			
Position Control # 3 if applicable (for transfer request)		Job Title Description		Job Title Code			

Funding Target Information (To):

Supplement 1 Slot Code	SPCRT	Slot code will appear after supplement description is selected from field below.					
Supplement 1 Description		Professional Certification	n	Amount	\$2,300.00	\$2,707.56	
Supplement 1 Account Code	100.00%	0110	6500	0160	9005	8486	
Supplement 2 Slot Code	#N/A	Slot code will appear after	r supplement description	is selected from field	l below.		
Supplement 2 Description				Amount		\$0.00	
Supplement 2 Account Code							
Supplement 3 Slot Code	#N/A	Slot code will appear after	r supplement description	is selected from field	l below.		
Supplement 3 Description				Amount		\$0.00	
Supplement 3 Account Code							

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^{**}All HR requests for initial personnel placements that exceed the Superintendent's authority, Step 15 or 60%, will be held until School Board approval is received. Those requiring the Superintendent's approval (Step 1-15) must also be properly approved before they will be processed. As it regards instructional staff refer to the Collective Bargaining Agreement. Please plan accordingly.

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Funding Target Information (To):

Position	1 Job Title	#N/A	DOE 5 digit Job code will app	oear after Job Title de	escription is selected f	rom field below.		
	Job Title Description				Salary Slot (Sala	ry Schedule)		
	Account Code							
	Salary/Hour	\$0.00	Hours/Day			Total Working Days	0.00	
					E	stimated Effective Date		###
					Please enter tot	al working days for the rem usually will be less than	ainder of the year,	
	Estimated Base Cost	\$0.00	Other support Personnel	0160	ti	he full term of contractual y	ear.	
	Estimated FRS Cost	\$0.00	Regular	0210	7.260%			
	Estimated FICA Cost	\$0.00	For Permanent Employee	0220	7.650%			
	Estimated Group Insurance Cost	#N/A	Blank	0230	\$0.00			
	Estimated Workers Comp Cost	\$0.00		0240	2.700%			
	Estimated Unemployment Cost	\$0.00	Blank	0250	0.000%			
	Total Estimated Benefits	#N/A	_					
	Total Estimated Salary & Benefits	#N/A	=					
Position	2 Job Title	#N/A DOE 5 digit Job code will appear after Job Title description is selected from field below.						
	Job Title Description				Salary Slot (Sala	ry Schedule)		
	Job Title Description Account Code				Salary Slot (Sala	ry Schedule)		
	•				Salary Slot (Sala	ry Schedule)		
	•	\$0.00	Hours/Day		Salary Slot (Sala	ry Schedule) Total Working Days	0.00	
	Account Code	\$0.00	Hours/Day				0.00	###
	Account Code	\$0.00 \$0.00	Hours/Day Teacher	0120	E Please enter tot	Total Working Days stimated Effective Date tal working days for the rem usually will be less than	ainder of the year,	###
	Account Code Salary/Hour			0120 0210	E Please enter tot	Total Working Days stimated Effective Date al working days for the rem	ainder of the year,	###
	Account Code Salary/Hour Estimated Base Cost	\$0.00	Teacher		E Please enter tot	Total Working Days stimated Effective Date tal working days for the rem usually will be less than	ainder of the year,	###
	Account Code Salary/Hour Estimated Base Cost Estimated FRS Cost	\$0.00 \$0.00	Teacher Regular	0210	Please enter tot ti 7.260%	Total Working Days stimated Effective Date tal working days for the rem usually will be less than	ainder of the year,	###
	Account Code Salary/Hour Estimated Base Cost Estimated FRS Cost Estimated FICA Cost	\$0.00 \$0.00 \$0.00	Teacher Regular For Permanent Employee	0210 0220	Please enter tot 7.260% 7.650%	Total Working Days stimated Effective Date tal working days for the rem usually will be less than	ainder of the year,	###
	Account Code Salary/Hour Estimated Base Cost Estimated FRS Cost Estimated FICA Cost Estimated Group Insurance Cost	\$0.00 \$0.00 \$0.00 #N/A	Teacher Regular For Permanent Employee	0210 0220 0230	Please enter tot 7.260% 7.650% \$10,669.40	Total Working Days stimated Effective Date tal working days for the rem usually will be less than	ainder of the year,	***
	Account Code Salary/Hour Estimated Base Cost Estimated FRS Cost Estimated FICA Cost Estimated Group Insurance Cost Estimated Workers Comp Cost	\$0.00 \$0.00 \$0.00 #N/A \$0.00	Teacher Regular For Permanent Employee Family Plan contribution	0210 0220 0230 0240	Please enter tot 7.260% 7.650% \$10,669.40 2.700%	Total Working Days stimated Effective Date tal working days for the rem usually will be less than	ainder of the year,	###

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Position 3 Job Title	#N/A	DOE 5 digit Job code will a	ppear after Job Title desc	cription is selected	from field below.		
Job Title Description				Salary Slot (Sal	lary Schedule)		
Account Code							
Salary/Hour	\$0.00	Hours/Day			Total Working Days		
					Estimated Effective Date otal working days for the remusually will be less than	The second secon	###
Estimated Base Cost	\$0.00	Teacher	0120		the full term of contractual y		
Estimated FRS Cost	\$0.00	Regular	0210	7.260%			
Estimated FICA Cost	\$0.00	For Permanent Employee	0220	7.650%			
Estimated Group Insurance Cost	#N/A	Family Plan contribution	0230	\$10,669.40			
Estimated Workers Comp Cost	\$0.00		0240	2.700%			
Estimated Unemployment Cost	\$0.00	Blank	0250	0.000%			
Total Estimated Benefits	#N/A						
Total Estimated Salary & Benefits	#N/A						
TOTAL ESTIMATED COST FOR THE REQUEST	#N/A						
Principal/Dept. Head Signature				Date:			
ELT Approval				Date:		Is Superintendent's	approval required
						YES	NO
EDF Approval				Date:			
Budget Amendment Number & Date		То					
Position Number Assignment To be con							
The Office Manager must refere	nce the BA# and th	ne BA date provided for the	his HR transaction in th	ne notes section	of the PIF when it is proce	essed.	

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