

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 Certification already reviewed by HR.			

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

Funding Source Information (From):

Fund Source	Select one or type the 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			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 supplement description is selected from field below.				
Supplement 2 Description				Amount		\$0.00
Supplement 2 Account Code						
Supplement 3 Slot Code	#N/A	Slot code will appear after supplement description is selected from field below.				
Supplement 3 Description				Amount		\$0.00
Supplement 3 Account Code						

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Funding Target Information (To):

Position 1 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 (Salary Schedule)	
Account Code					
Salary/Hour	\$0.00	Hours/Day		Total Working Days	0.00
				Estimated Effective Date	###
				Please enter total working days for the remainder of the year, usually will be less than the full term of contractual year.	
Estimated Base Cost	\$0.00	<i>Other support Personnel</i>	0160		
Estimated FRS Cost	\$0.00	<i>Regular</i>	0210	7.260%	
Estimated FICA Cost	\$0.00	<i>For Permanent Employee</i>	0220	7.650%	
Estimated Group Insurance Cost	#N/A	<i>Blank</i>	0230	\$0.00	
Estimated Workers Comp Cost	\$0.00		0240	2.700%	
Estimated Unemployment Cost	\$0.00	<i>Blank</i>	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 (Salary Schedule)	
Account Code					
Salary/Hour	\$0.00	Hours/Day		Total Working Days	0.00
				Estimated Effective Date	###
				Please enter total working days for the remainder of the year, usually will be less than the full term of contractual year.	
Estimated Base Cost	\$0.00	<i>Teacher</i>	0120		
Estimated FRS Cost	\$0.00	<i>Regular</i>	0210	7.260%	
Estimated FICA Cost	\$0.00	<i>For Permanent Employee</i>	0220	7.650%	
Estimated Group Insurance Cost	#N/A	<i>Family Plan contribution</i>	0230	\$10,669.40	
Estimated Workers Comp Cost	\$0.00		0240	2.700%	
Estimated Unemployment Cost	\$0.00	<i>Blank</i>	0250	0.000%	
Total Estimated Benefits	#N/A				
Total Estimated Salary & Benefits	#N/A				

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Position 3 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 (Salary Schedule)	
Account Code					
Salary/Hour	\$0.00	Hours/Day		Total Working Days	
				Estimated Effective Date	###
				Please enter total working days for the remainder of the year, usually will be less than the full term of contractual year.	
Estimated Base Cost	\$0.00	Teacher	0120		
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:** _____

EDF Approval _____ **Date:** _____

Budget Amendment Number & Date To be completed by Finance

Position Number Assignment To be completed by HR

Is Superintendent's approval required

YES NO

The Office Manager must reference the BA# and the BA date provided for this HR transaction in the notes section of the PIF when it is processed.