

**Ripon Unified School District
Request to Hire/Change Status**

Fiscal Year _____

Employee: _____ Site: _____

Certificated Classified

Request for:

Replacement for: _____

New Position _____

Change Position _____

Change Work Location _____

Change Hours/Shift _____

Change Work Year _____

Change Funding Source _____

Leave of Absence Reason: _____

Separation (check one) Resignation Termination

Classification:

Probationary Effective: _____

Coach: Paid or Volunteer

Permanent _____

Substitute _____

Temporary _____

Short Term Length _____

Long Term – Length _____

Certificated Classified

Release Retirement

Present Position:

Position: _____ Control # _____ Location: _____

(Hours Per Day) M _____ Tu _____ W _____ Th _____ F _____ Program: _____

(Hours Per Day) M _____ Tu _____ W _____ Th _____ F _____ Program: _____

(Hours Per Day) M _____ Tu _____ W _____ Th _____ F _____ Program: _____

Length of Work Year (FTE): _____

Proposed New Position:

Position: _____ Control # _____ Location: _____

(Hours Per Day) M _____ Tu _____ W _____ Th _____ F _____ Program: _____

(Hours Per Day) M _____ Tu _____ W _____ Th _____ F _____ Program: _____

(Hours Per Day) M _____ Tu _____ W _____ Th _____ F _____ Program: _____

Length of Work Year (FTE): _____

First Day of Service: _____

Ending Date: _____

(if applicable)

Approved: _____

Principal/Supervisor

Date: _____

Approved: _____

Superintendent

Date: _____

Reviewed: _____ / _____

Personnel Manager

Business Manager

Date: _____

District Use Only

Account Number: _____ %

Account Number: _____ %

Salary Schedule _____ Range _____ Step _____ Annual _____ Monthly _____