

# COLUSA UNIFIED SCHOOL DISTRICT PERSONNEL ACTION FORM (PAF)

<b>PAF Type Requested (Check One):</b> <input type="checkbox"/> New Position (Section 1, 2, 4, 5, 6) <input type="checkbox"/> Vacant Position (Section 1, 2, 3, 4, 5) <input type="checkbox"/> Change Existing Position (Section 1, 3, 4, 5, 6)	<b>Position Type (Check One):</b> <input type="checkbox"/> Certificated <input type="checkbox"/> Classified <input type="checkbox"/> Management/Confidential <input type="checkbox"/> Administrator <input type="checkbox"/> Coach or Extra Duty	<b>Position Category (Check One):</b> <input type="checkbox"/> Prob/Perm <input type="checkbox"/> Temporary <input type="checkbox"/> Short-Term <input type="checkbox"/> Categorical <input type="checkbox"/> Summer Program
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## SECTION 1 - POSITION INFORMATION

Position Title: \_\_\_\_\_ Work Site: \_\_\_\_\_

FTE: \_\_\_\_\_ Grade Level(s): \_\_\_\_\_ \*Subject Area(s): \_\_\_\_\_  
(\*If Certificated)

Extra Duty Type (if applicable): \_\_\_\_\_

## SECTION 2 - ADVERTISEMENT STATUS

Advertise?     Yes     No    Posting Date Requested:     ASAP     Specific Date: \_\_\_\_\_

Advertisement Type Requested:     In-House Only     Out-of-House Only     Both

NOTE: All positions shall be advertised in-house in accordance with CEA/CSEA agreements.

Edjoin Posting Timeline:     Standard (2 weeks)     Open Until Filled     Other: \_\_\_\_\_

Screening Committee Info.:     \*Screening Committee Date: \_\_\_\_\_    **or**     No Screening Committee (Interview All)

\*Default = Screening Committee Meeting

Interview Session Info.:     \*Formal Interview Session Date: \_\_\_\_\_    **or**     Informal Interview(s) (Solely for "In-House Only" Requests)

\*Default = Formal Interview Session to be held at District Office

ADVERTISEMENT DETAILS FOR OUT-OF-HOUSE REQUESTS ONLY:

Edjoin Application Requirement Options (Check All Applicable):

<input type="checkbox"/> Edjoin Application	<input type="checkbox"/> Letter of Interest	<input type="checkbox"/> Transcripts
<input type="checkbox"/> Resume	<input type="checkbox"/> Letters of Reference <small>(LOR Parameters: 3 LORs dated within past 12 months)</small>	<input type="checkbox"/> Qualification Verification <small>(i.e. Credential, CODESP, ServSafe, etc.)</small>

Other Publications (Check All Requested):

<input type="checkbox"/> Local EDD Insitute <small>(Colusa County One-Stop)</small>	<input type="checkbox"/> Local Newspaper <small>(Pioneer Review)</small>
<input type="checkbox"/> Institutes of Higher Education <small>(Neighboring Colleges)</small>	<input type="checkbox"/> Neighboring Newspaper <small>(Chico ER)</small>

Number of Vacancies: \_\_\_\_\_ Special Requests: \_\_\_\_\_  
(i.e. "Advertise as Teacher - GR: K-3", etc.)

## SECTION 3 - EMPLOYEE INFORMATION/STATUS

Vacating Position     Changing Position     New Budget Code

Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Reason:     Resignation     Retirement     Leave of Absence     Transfer (Note Transfer Below)  
PC# \_\_\_\_\_ to PC# \_\_\_\_\_

Increase/Decrease in Assignment from \_\_\_\_\_ days/hours to \_\_\_\_\_ days/hours

Other Reason: \_\_\_\_\_

## SECTION 4 - WORK SHIFT INFORMATION

Total Hours/Day: \_\_\_\_\_ Total Days/Week: \_\_\_\_\_ Total Days/Year: \_\_\_\_\_

Work Hours	Time In	Time Out	Time In	Time Out	Total Hours/Day
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

**SECTION 5 - BUDGET CODE INFORMATION**

Fund - Resource - Year - Object - Goal - Function - School - Budget Responsibility - Type <small>XX - XXXX - X - XXXX - XXXX - XXXX - XXX - XXXX - XXXX</small>	%

**SECTION 6 - REASON/JUSTIFICATION FOR REQUEST**

If brand new position or a change to existing position, please indicate reasoning / justification for request:

**SECTION 7 - AUTHORIZING SIGNATURES**

Requesting Administrator: \_\_\_\_\_ Date \_\_\_\_\_

Chief Business Official: \_\_\_\_\_ Date \_\_\_\_\_

Superintendent: \_\_\_\_\_ Date \_\_\_\_\_

**HUMAN RESOURCES USE ONLY**

Board Action Item #: \_\_\_\_\_ Date of Action: \_\_\_\_\_  
*(If Applicable)*

Board Action Item:  Approved  Denied NOV #: \_\_\_\_\_

New Employee Name: \_\_\_\_\_ EMP #: \_\_\_\_\_

PC #: \_\_\_\_\_ Effective Start Date: \_\_\_\_\_ Assignment End Date: \_\_\_\_\_  
*(If applicable; i.e. Categorical)*

Associated Salary Schedule: \_\_\_\_\_ Class: \_\_\_\_\_ Step: \_\_\_\_\_

Coaching/Extra Duty Stipend Amount: \_\_\_\_\_ Associated Calendar: \_\_\_\_\_  
*(i.e. 10, 11 or 12 month)*