

COLUSA UNIFIED SCHOOL DISTRICT PERSONNEL ACTION FORM (PAF)

PAF Type Requested (Check One): <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)	Position Type (Check One): <input type="checkbox"/> Certificated <input type="checkbox"/> Classified <input type="checkbox"/> Management/Confidential <input type="checkbox"/> Administrator <input type="checkbox"/> Coach or Extra Duty	Position Category (Check One): <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 _____

Section 8 - 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: _____ Rate: _____

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

SECTION 9 - AUTHORIZING SIGNATURES FOR NEW HIRES (IF APPLICABLE)

New Hire Approval and Authorization to Proceed with Salary Placement Offer:

Requesting Administrator: _____ Date _____

Chief Business Official: _____ Date _____

Superintendent: _____ Date _____