

# CLARK COUNTY SCHOOL DISTRICT POSITION CONTROL AUTHORIZATION FORM (PERSONNEL REQUISITION)

Date Received  
in Personnel:

Position Control  
Authorization  
 Yes  No  
Date: \_\_\_/\_\_\_/\_\_\_  
Initials: \_\_\_\_\_

Date of Requisition: \_\_\_/\_\_\_/\_\_\_ Effective or Start Date: \_\_\_/\_\_\_/\_\_\_

## SECTION I COMPLETE THE FOLLOWING

School/Department With Vacancy: \_\_\_\_\_ Location Code: \_\_\_\_\_

**Position:** \_\_\_\_\_ **Program:** \_\_\_\_\_  
(If Teacher, Specify Grade Level(s) and Subject(s) Taught)

Check One:  Support Staff  Licensed  Administrative Date needed: \_\_\_\_\_

Unique requirements needed to fulfill job responsibilities, i.e., languages spoken, extra assignments, etc.:  
\_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_ Title: \_\_\_\_\_

### Area A

Replacement for: \_\_\_\_\_ Sex/Ethnic: \_\_\_/\_\_\_ Date Leaving: \_\_\_/\_\_\_/\_\_\_

Reason \_\_\_\_\_

Permanent Replacement/Regular Status  Temporary Replacement Job Stop Date \_\_\_/\_\_\_/\_\_\_

### Area B

New Position Rationale: \_\_\_\_\_

Earned by Formula \_\_\_\_\_

Outside Formula, but included in budget (See CCSD Policy 4120) \_\_\_\_\_

### Area C

Teacher recommended: \_\_\_\_\_ S.S.# \_\_\_\_\_

Extra Instruction (teachers Only)

<input type="checkbox"/> Prep in Lieu/Purchase of Prep	<input type="checkbox"/> Adaptive PE	Days of Week:	Track	Grading Period/Semester	Trimester
<input type="checkbox"/> Extended Day	<input type="checkbox"/> Adult Education	<input type="checkbox"/> Monday	<input type="checkbox"/> 1	<input type="checkbox"/> 1st	<input type="checkbox"/> 1st
<input type="checkbox"/> ESL	<input type="checkbox"/> Credit Deficient	<input type="checkbox"/> Tuesday	<input type="checkbox"/> 2	<input type="checkbox"/> 2nd	<input type="checkbox"/> 2nd
<input type="checkbox"/> Other _____ (specify)	<input type="checkbox"/> Instructional Clinic	<input type="checkbox"/> Wednesday	<input type="checkbox"/> 3	<input type="checkbox"/> 3rd	<input type="checkbox"/> 3rd
		<input type="checkbox"/> Thursday	<input type="checkbox"/> 4	<input type="checkbox"/> 4th	
		<input type="checkbox"/> Friday	<input type="checkbox"/> 5		

Start date: \_\_\_\_\_ Stop date: \_\_\_\_\_ Rate of pay:  Contract hourly  \$22.00 per hour

I have read the standard agreement on the back of this form for providing extra instruction. (Copy must be maintained in the principal's office.)

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Area D

Person recommended: \_\_\_\_\_ S.S.# \_\_\_\_\_

<input type="checkbox"/> Change in Hours	<input type="checkbox"/> Change in Months	<input type="checkbox"/> Change in Funding
<input type="checkbox"/> Increase from _____ to _____	<input type="checkbox"/> Increase from _____ to _____	<input type="checkbox"/> Other _____ specify)
<input type="checkbox"/> Decrease from _____ to _____	<input type="checkbox"/> Decrease from _____ to _____	<input type="checkbox"/> Rationale: _____

Work Loc. \_\_\_\_\_ Variance Loc. \_\_\_\_\_ Check Dist. Loc. \_\_\_\_\_ Eval. Dist. \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

1. Fund \_\_\_\_\_ Unit \_\_\_\_\_ Account \_\_\_\_\_ Object \_\_\_\_\_ Fiscal Yr. \_\_\_\_\_ Project \_\_\_\_\_ Grant \_\_\_\_\_ % of fund \_\_\_\_\_ Min. \_\_\_/\_\_\_/Hours \_\_\_ Per Day

2. Fund \_\_\_\_\_ Unit \_\_\_\_\_ Account \_\_\_\_\_ Object \_\_\_\_\_ Fiscal Yr. \_\_\_\_\_ Project \_\_\_\_\_ Grant \_\_\_\_\_ % of fund \_\_\_\_\_ Min. \_\_\_/\_\_\_/Hours \_\_\_ Per Day

3. Fund \_\_\_\_\_ Unit \_\_\_\_\_ Account \_\_\_\_\_ Object \_\_\_\_\_ Fiscal Yr. \_\_\_\_\_ Project \_\_\_\_\_ Grant \_\_\_\_\_ % of fund \_\_\_\_\_ Min. \_\_\_/\_\_\_/Hours \_\_\_ Per Day

Signature (Principal/Department Head) \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature (Division Head) (Required if new unified/support staff position) (Attach Board Backup if available) \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Person Approved For Position: \_\_\_\_\_ Sex/Ethnic (Race): \_\_\_/\_\_\_ S.S.#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(If new hire or returning employee)

(If Teacher, Major/Minor Fields: \_\_\_\_\_ Certificate Held: \_\_\_\_\_ )

New Hire  Returning Employee  Current Employee

- Promotion
- Reassignment
- Voluntary Transfer
- Administrative - Voluntary
- Administrative - Involuntary

FROM: (If CCSD Employee)

Position: \_\_\_\_\_ Grade Levels: \_\_\_\_\_

Location: \_\_\_\_\_ Months: \_\_\_\_\_ Days: \_\_\_\_\_ Hours: \_\_\_\_\_

TO:

Location: \_\_\_\_\_ Position Code(s) 1: \_\_\_\_\_ 2: \_\_\_\_\_ Grade Level(s): \_\_\_\_\_ (If Applicable)

Effective Date: \_\_\_/\_\_\_/\_\_\_ School Year: \_\_\_\_\_ - \_\_\_\_\_ Contract Status: \_\_\_\_\_ (If Licensed)  \_\_\_/\_\_\_/\_\_\_

Salary: \_\_\_\_\_ Salary Extra: \_\_\_\_\_ Step: \_\_\_\_\_ Class/Range: \_\_\_\_\_ Job: \_\_\_\_\_

Present CCSD Supervisor Notified/Approval Granted  New Supervisor Notified

Approved: \_\_\_\_\_ Personnel Administrator/Designee \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

# Extra Instruction Agreement Form

I volunteer to teach additional instructional time outside my regular established workday or during my preparation period. The salary for this assignment will be as designated in Section C of this form.

This hourly arrangement will not become a part of the regular contract of employment and contributions to the Public Employees Retirement System will not be made.

I understand this agreement, entered into by me and the building principal, may be terminated at any time by the principal and does not establish and shall not be construed to establish any property rights, nor does it establish any expectation of continued assignment. A termination of the agreement is not subject to the provisions of Sections 391.311 to 391.3197, inclusive, of Chapter 391 of the Nevada Revised Statutes.