



Larkspur-Corte Madera School District

Position Control Form

Please check changes to be made					
<input type="checkbox"/>	Name Change (1a, 1b, 9, 15-18)	<input type="checkbox"/>	New Employee (1a-18)	<input type="checkbox"/>	Change of Pay (1a, 9, 11-18)
<input type="checkbox"/>	Mailing &/or Physical Address Change (1a, 3, 9, 15-18)	<input type="checkbox"/>	Rehire (1a-18)	<input type="checkbox"/>	Change of Funding (1a, 9, 13, 14, 17-18)
<input type="checkbox"/>	Phone Change (1a, 2, 9, 15-18)	<input type="checkbox"/>	Change of Site (1a, 7, 9, 17-18)	<input type="checkbox"/>	Out of Class/Position (1a, 5-18)
<input type="checkbox"/>	Personal Email Address Change (1a, 4, 9, 15-18)	<input type="checkbox"/>	Change of Hours (1a, 9-18)	<input type="checkbox"/>	Leave of Absence (1a, 9, 17-18) *Attach Leave Request Form
<input type="checkbox"/>		<input type="checkbox"/>	Change of Position (1a, 5-18)	<input type="checkbox"/>	Termination (1a, 9, 17-18)
<input type="checkbox"/>	New Position Request (5-14, 17-18) Attached with a justification for position, budget and funding sources.	<input type="checkbox"/>	Additional Position/Pay (1a, 5-13, 15-18)	<input type="checkbox"/>	Retirement/Resignation (1a, 9, 17-18) (Circle one) *Attach Resignation Form R20

Please complete ALL applicable numbered sections on lower part of form

1a. Employee Name _____ 1b. Old Name _____

2. (New) Phone _____ Unlisted? Yes No

3. (New) Address _____ Mailing and/or Physical (circle one)

4. (New) Personal Email _____ Unlisted? Yes No

5a. (New) Position Number _____ 5b. Old Position Number _____

6a. (New) Position Title _____ 6b. Old Position Title _____

7a. (New) Site/Program _____ 7b. Old Site/Program _____

8a. (New) Range Step _____ 8b. Old Range Step _____ 9. Effective Date _____

10. (New) Pay Rate _____/Hr. _____/Mo. _____/Annual 11. Hrs./day _____ 12. Mos./year _____

13. Account Code - - - - -

14. Is this placement covered by current budget? If your current budget does not contain funding for this position describe the funding source and the amount required: _____

NOTES: _____

15. Employee Signature: _____ 16. Date _____

17. Site Administrator/Directary: _____ 18. Date _____

DISTRICT OFFICE USE ONLY

PLEASE NOTE: Employees must receive full administrative background clearance checks before authorized to start work

Chief Business Official _____ Date _____

Superintendent _____ Date _____

DISTRICT OFFICE USE ONLY

<input type="checkbox"/> PR	<input type="checkbox"/> DD	<input type="checkbox"/> MA	<input type="checkbox"/> EA
<input type="checkbox"/> W-4	<input type="checkbox"/> LV/LT/EX	<input type="checkbox"/> SK	
<input type="checkbox"/> Benefits	<input type="checkbox"/> PD	<input type="checkbox"/> CO	
<input type="checkbox"/> Master Pay	<input type="checkbox"/> TE	<input type="checkbox"/> ME	
<input type="checkbox"/> PERS Election (Yes or No)	<input type="checkbox"/> Cobra	<input type="checkbox"/> PAR	
<input type="checkbox"/> STRS Election (Yes or No)	Vacation Balance: _____ hours/days	<input type="checkbox"/> HR Checklists	