

DUE TO APPROPRIATE ASST. SUPERINTENDENT  
**MARCH 6, 2009**

DUE TO BUDGET OFFICE  
**MARCH 27, 2009**



**STAFFING & SUPPLEMENTAL DUTY PAY REQUESTS**  
**FOR BUDGET CONSIDERATION 2009-2010**

**New Personnel Unit Requests:**

Name of Position: \_\_\_\_\_

Campus/Department: \_\_\_\_\_

Number of Units Requested: \_\_\_\_\_

Proposed Salary, including Benefits: \_\_\_\_\_

Estimated Total Cost: \_\_\_\_\_ Local Funds or Other

**New Supplemental Duty / Stipend Pay Requests or Changes:**

Position/Duty/Stipend Name: \_\_\_\_\_

Current Amount, if applicable: \_\_\_\_\_

Proposed Amount per Employee: \_\_\_\_\_

Estimated Total Cost: \_\_\_\_\_ Local Funds or Other

**Changes in Salary and/or Funding Source Requests:**

Position: \_\_\_\_\_

Current Salary: \_\_\_\_\_

Proposed Salary: \_\_\_\_\_

Estimated Total Cost: \_\_\_\_\_ Local Funds or Other

*Please attach documentation with a complete description of the Request*

**Requested by:** Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

*Circle One:*

**APPROVED / NOT APPROVED**

**APPROVED / NOT APPROVED**

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Assistant Superintendent

\_\_\_\_\_  
Date