



Department/Location _____	Date _____
Department Head _____	Reason for Vacancy (Resignation, Retirement, Internal Promotion, etc....) _____
Position Requested _____	
Employee Being Replaced/EID (If Applicable) _____	Effective Date _____
Funding Source <input type="checkbox"/> General _____	Funding Source <input type="checkbox"/> Other _____
Class Code _____	PCN _____

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Salary Range	_____
Grade/Schedule	_____
Days Per Year	_____
Compensation Staff	_____
Date	_____

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	
		Deputy/Chief
		Date

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Superintendent	
Date	

6/15/2022