



STOCKTON UNIFIED SCHOOL DISTRICT  
HUMAN RESOURCES DEPARTMENT  
**PERSONNEL AUTHORIZATION FORM**

I. **PERSONNEL AUTHORIZATION**      CERTIFICATED       CLASSIFIED

NAME \_\_\_\_\_ EMPLOYEE I.D. NO. \_\_\_\_\_  
 NAME \_\_\_\_\_ EMPLOYEE I.D. NO. \_\_\_\_\_  
 POSITION \_\_\_\_\_ LOCATION \_\_\_\_\_  
 POSITION: NEW \_\_\_\_\_ DELETE \_\_\_\_\_ REOPEN \_\_\_\_\_ REPLACEMENT FOR \_\_\_\_\_

PCN	FUNDING SOURCE ACCOUNT NUMBER	% FUNDED
MUST TOTAL		

FUND CHANGE \_\_\_\_\_ WORKING OUT OF CLASS \_\_\_\_\_ ACTING FOR \_\_\_\_\_  
 DATES: BEGIN \_\_\_\_\_ END \_\_\_\_\_ % EMPLOYED \_\_\_\_\_  
 CHANGE POSITION TITLE:      FROM: \_\_\_\_\_ TO \_\_\_\_\_  
 INCREASE/DECREASE YEAR:      FROM: \_\_\_\_\_ TO \_\_\_\_\_  
 INCREASE/DECREASE % FTE:      FROM: \_\_\_\_\_ TO \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
 ORIGINATOR \_\_\_\_\_ DATE \_\_\_\_\_  
 MANAGER \_\_\_\_\_ DATE \_\_\_\_\_

II. **POSITION CONTROL APPROVAL**

CABINET \_\_\_\_\_ DATE \_\_\_\_\_  
Cabinet Level Approval  
 BUDGET \_\_\_\_\_ DATE \_\_\_\_\_  
Director of Budget

III. **HUMAN RESOURCES DEPARTMENT ONLY**

INITIAL EMPLOYMENT       OTHER

PRIOR PCN \_\_\_\_\_  
 TEMPORARY \_\_\_\_\_ PROBATIONARY \_\_\_\_\_ SUBSTITUTE \_\_\_\_\_ HOURLY \_\_\_\_\_  
 BOARD ACTION DATE \_\_\_\_\_ PCN APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_  
 POS CODE \_\_\_\_\_ BARG UNIT \_\_\_\_\_ DVT \_\_\_\_\_ CLASS/STEP \_\_\_\_\_ FACTOR \_\_\_\_\_  
 PERSONNEL ANALYST \_\_\_\_\_ DATE \_\_\_\_\_  
 ASSISTANT SUPERINTENDENT \_\_\_\_\_ DATE \_\_\_\_\_  
 HUMAN RESOURCES OPERATIONS \_\_\_\_\_ DATE \_\_\_\_\_