

**TEHAMA COUNTY DEPARTMENT OF EDUCATION  
PERSONNEL REQUISITION  
SHORT-TERM SERVICES**



Please fill out form completely. Do not leave any boxes blank. Submit for signatures to next person listed in "Authorization" box. Once all signatures are obtained, submit to Human Resource Services.

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| 1. Fingerprint & TB:<br>Is prospective employee working directly with children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a fingerprint clearance and TB test are required before individual can perform services. Call the HRS Department for information on fingerprinting and TB clearance process.  |  |   |
| 2. Work Permit:<br>Is prospective employee under 18 and still enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a work permit is required. Please submit with this form.  |  |   |
| 3. Credentials/Permits:<br>Do the services the individual is providing require the individual to hold a credential/permit issued by the Commission on Teacher Credentialing (CTC)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, verify that at least one current valid document online at <a href="http://www.ctc.ca.gov">www.ctc.ca.gov</a> (click 'Search for an Educator' button, select 'Secured Search'). You will need individuals' SSN and date of birth to perform the search. Copy not required.<br>Date of Birth: _____ Document Title: _____ Expiration Date: _____<br>Form completed by: _____ Initials: _____ Date: _____ |  |   |
| <b>POSITION</b><br>Title: _____  | <b>DEPARTMENT</b><br>_____   | <b>DATE NEEDED</b><br>_____   |
| <b>STATUS</b><br><input type="checkbox"/> Temporary<br><input type="checkbox"/> Short-term<br><input type="checkbox"/> Short-term (call temp. agency)<br><input type="checkbox"/> Substitute<br>_____<br>Name of vacating employee (if applicable)   | <b>EXPIRATION</b><br>Duration of position:<br>Begin: _____ End: _____<br>Total DAYS not to exceed: _____<br>Total HOURS not to exceed: _____ | <b>WORK SCHEDULE</b><br><input type="checkbox"/> Paid hourly—<br>maximum hrs. per day _____<br><br><input type="checkbox"/> Paid by assignment (not hourly) |
| <b>NAME &amp; POSITION OF SUPERVISOR</b><br>_____  |  | <b>RATE OF PAY</b> <input type="checkbox"/> Multiple Pay <input type="checkbox"/> Single Pay<br>\$ _____ per _____ (hour/day/assignment)                    |
| <b>COMPLETE BUDGET NUMBER(S) AND PERCENTAGE</b><br># _____ % _____ # _____ % _____<br># _____ % _____ # _____ % _____  |  |   |
| <b>DESCRIPTION OF SERVICES</b><br>Give a brief description of services to be performed: _____<br>_____<br>_____  |  | <b>EMPLOYEE INFORMATION</b><br>Name: _____<br>Address: _____<br>CSZ: _____<br>SS#: _____<br>Home #: _____ Work #: _____                                     |
| <b>AUTHORIZATION</b><br><br>_____<br># 1. Program Manager _____ Date _____<br>_____<br># 2. Human Resource Services _____ Date _____   |  | _____<br># 3. Business Official _____ Date _____<br>_____<br># 4. Superintendent _____ Date _____   |