

PERSONNEL ACTION RECOMMENDATION

SAPI Form Revised 08/01/09

SECTION I - PERSONAL INFORMATION

Please Type or Clearly Print

Proper Name of Person: Frances Johnson
First Middle Initial Last

CAMPUS/SITE: Corporate / SA

SECTION II - RECOMMENDED ACTION

TYPE OF RECOMMENDATION	EFFECTIVE DATE	COMMENTS
A. <input type="checkbox"/> New Hire to Fill <input type="checkbox"/> Vacancy <input type="checkbox"/> New Position	A. _____	BOARD RECOMMENDED NO PAY INCREASE 2012-2013 SCHOOL YEAR AT 6/22/12 BOARD MEETING
B. <input type="checkbox"/> A Re-hire to Fill <input type="checkbox"/> Vacancy <input type="checkbox"/> New Position	B. _____	
C. <input type="checkbox"/> End of 90-Day Probationary Period	C. _____	
D. <input type="checkbox"/> Promotion	D. _____	
E. <input type="checkbox"/> Change in Rate of Pay	E. _____	
F. <input type="checkbox"/> Change Employment Status to <input type="checkbox"/> FT <input type="checkbox"/> PT	F. _____	
G. <input type="checkbox"/> Termination - Involuntary (Explain):	G. _____	
H. <input type="checkbox"/> Termination - Voluntary (Explain):	H. _____	
I. <input type="checkbox"/> Change Notice, i.e., marital status, address, name, etc.	I. _____	
J. <input checked="" type="checkbox"/> Other (Explain):	J. <u>8-1-12</u>	

SECTION III - EMPLOYMENT INFORMATION

A. Proposed Title: _____ B. Instructional/Specialty Area: _____

C. Current Title: Superintendent D. To be Supervised by: _____

E. Employment Category: Full-time Part-time Substitute F. Classification: Regular Temporary Summer

G. Pay Rate - Current Pay Rate: \$ 60.00 Per: hr Proposed Pay Rate: \$ _____ Per: _____

H. Pay Grade - Current Grade: N/A _____ Step: _____ Proposed Grade: N/A _____ Step: _____

I. Funding Source(s) & Percentage(s): 100% Regular ADA Other: _____

J. Pay Basis: 1. Hourly 2. Substitute Pay Scale 3. Salaried K. Schedule: 187 days 197 days 220 Other: 226

L. Pay Plan (# of Months): 10 11.5 12 Not Applicable M. TRS Retired? Yes No N. Certified Teach? Yes No

SECTION IV - AUTHORIZED SIGNATURES

RECOMMENDED BY: See Comments above DATE: 6/22/12

A. PERSONNEL REVIEW: C. Barcelo DATE: 8/10/12 B. BUDGET REVIEW: _____ DATE: _____

SECTION V - DISPOSITION

Superintendent/CEO's Signature: Frances B. Johnson DATE: 8/13/2012

APPROVED DISAPPROVED REVISED SUSPENSE OTHER:

SECTION VI - FOR OFFICE USE ONLY

A. FLSA Category: EX Non-EX N/A B. Approved Effective Date: _____

C. Instructional Days Remaining on School Calendar + Staff Devel. + Work Days = Total Max Days _____ D. Daily Rate= \$ _____ N/A

E. COMMENTS:

Note: If recommending a new hire, fax the completed PAR, application for employment and other required documentation, i.e., college transcripts, certifications, etc., to the central corporate administrative office for preliminary review. The INS form I-9, W-4, and Personnel Information Sheet may be submitted along with the PAR or immediately after the Superintendent/CEO approves the PAR.