CONEJO VALLEY UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT
750 Mitchell Road, Newbury Park, California 91320
Telephone (805) 498-4557

❒ Classified
❒ Certificated

AUTHORIZATION FOR EXEMPT EMPLOYMENT POSITION

PART I POSITION ASSIGNMENT REQUEST

DEPARTMENT / SCHOOL: _____ SCHOOL YEAR: _____ - _____

❑ Student Helper ❑ Intern ❑ Proctor: ___Level I ___Level II ___Level III

NOTE: For specialist assignments, **(1)** review the **Professional Expert "Specialist" Assignment Guide** available on the Human Resources webpage to determine the assignment level based on criteria for assignment scope of work and professional qualifications as provided for in the matrix; **(2)** complete **Duty Statement** form and **(3)** provide a statement of candidate qualifications or resume that identifies their educational training. Mark the specific academic specialty area for the requested academic specialist assignment.

❒ **Academic Specialist I** $ _____ /hour
Range of Pay: $14.50 - $19.50

❒ **Academic Specialist II** $ _____ /hour
Range of Pay: $20.00 - $25.00

❒ **Academic Specialist III** $ _____ /hour
Range of Pay: $25.50 - $35.00

❒ **Academic Specialist IV** $ _____ /hour
Range of Pay: $35.50 - $65.00

ACADEMIC SPECIALTY AREA - SPECIFY ALL THAT APPLY :

- ☐ Enrichment
- ☐ Intervention
- ☐ Educational Technology
- ☐ Music/Theater
- ☐ Physical Education
- ☐ Art
- ☐ Dance
- ☐ Other: _____
- ☐ Educational Curriculum Development/Training

❒ **Adult Ed Instructor** _____ / yrs of service

❒ **Technical Specialist: (specify)** _____ $_____ /hour
Note: Assignments under this designation are relative to non-academic professional services

PART II ASSIGNMENT TERM DETAIL / FUNDING - MUST BE COMPLETE

Assignment Dates: _____ - _____ * Last day must be before last day of school year.

Work Days: ❒ Monday - Friday **-OR-** ❒ Mon. ❒ Tues. ❒ Weds. ❒ Thurs. ❒ Fri.

Total Weekly Assigned Hours: _____ **Average Number of Hours / Day**: _____

FUNDING: Program _____ **Account Number:** _____

PART III PROSPECTIVE EMPLOYEE INFORMATION

Legal Name: _____ **Phone #:** _____

Address: _____ **Email:** _____

Education:
❑ AA ❑ Bachelors ❑ Masters ❑ Graduate
Field of Study: _____
Teaching Credential: ❑ Single Subject _____
❑ Multi-Subject ❑ Adult Education

Work Experience Related to Position:
❒ > 1 years ❒ 1 to 3 years
❒ 4 to 6 years ❒ 7 or more years

SCHOOL/DEPARTMENT ADMINISTRATOR CERTIFICATION

I certify that the requested assignment meets the criteria for exemption from classified service, and adheres to the guidelines for establishing the rate of pay to preserve pay equity for like work within the Conejo Valley USD.

_____ _____
Requesting Administrator Signature Date

INSTRUCTIONAL SERVICES REVIEW

Rate of Pay: ☐ Approve ☐ Modify $_____

Teaching Credential Required: ☐ Yes _____ ☐ No

_____ _____
Director, Elementary/Secondary Ed (schools only) Date

HUMAN RESOURCES DEPARTMENT REVIEW

Rate of Pay: ☐ Approve ☐ Modify $_____

Teaching Credential Required: ☐ Yes _____ ☐ No

_____ _____
Director, Classified -or- Asst. Supt., Certificated Date