REQUISITION REPORT

ER115198	STATUS A REQUESTED DATE: 10/10/2011
2358301597 DELI OPERATOR	BOARD APPROVED DATE:
LOCATION: 215 DENFELD HIGH SCHOOL	FTE: <u>.488_FTE</u>
FISCAL YR: 2012 EFFECTIVE YR: 0	2
BARGAINING UNIT: NA	
REASON CODE: 70 ADDL STF NEEDS	REPLACING/AFFECTED EIN:
Start Date: 9/4/2012 Start Time: 08:00:	MT WTHF
Permanent Assignment: End Time: 04:00:	Days Per Week Y Y Y Y
Temp End Date: Fulltime: N	FTE: , 488 Weeks/Year: <u>34.00</u>
Job Description:	
Minimum Ovalifications	\$14.00 he.
Minimum Qualifications:	
Desirable Qualifications:	
Comments/Special Instructions:	
PER WEEK.	FOR A TOTAL OF 19.5 HOURS
Notes:	
	PCN # FTF % Approved Status
Fully Qualified Account Code and Object 01-365-215-830-000-114102	PCN # FTE % Approved Status: 2358301597 1.0000 A
Fully Qualified Account Code and Object	
Fully Qualified Account Code and Object 01-365-215-830-000-114102	2358301597 1.0000 A
Fully Qualified Account Code and Object 01-365-215-830-000-114102	2358301597 1.0000 A Total Percent: 1.0000
Fully Qualified Account Code and Object 01-365-215-830-000-114102 HUMAN Empl ID:(EIN#) NAME:	2358301597 1.0000 A Total Percent: 1.0000
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Fully Qualified Account Code and Object 01-365-215-830-000-114102 HUMAN Empl ID:(EIN#) NAME: Date Offered: Date Accepted	2358301597
Fully Qualified Account Code and Object 01-365-215-830-000-114102 H U M A N Empl ID:(EIN#) NAME: Date Offered: Date Accepted Offer Type: Internal External Salary Index Range:	2358301597
Fully Qualified Account Code and Object 01-365-215-830-000-114102 HUMAN Empl ID:(EIN#) NAME: Date Offered: Date Accepted Offer Type: Internal External Salary Index Range: Sick Time Accidents	2358301597
Fully Qualified Account Code and Object 01-365-215-830-000-114102 HUMAN Empl ID:(EIN#) NAME: Date Offered: Date Accepted Offer Type: Internal External Salary Index Range: Sick Time Accidents	2358301597
Fully Qualified Account Code and Object 01-365-215-830-000-114102 H U M A N Empl ID:(EIN#) NAME: Date Offered: Date Accepted Offer Type: Internal External Salary Index Range: Sick Time Accident Sick Ti	2358301597
Fully Qualified Account Code and Object 01-365-215-830-000-114102 HUMAN Empl ID:(EIN#) NAME: Date Offered: Date Accepted Offer Type: Internal External Salary Index Range: Sick/Personal Leave	2358301597
Fully Qualified Account Code and Object 01-365-215-830-000-114102 H U M A N Empl ID:(EIN#) NAME: Date Offered: Date Accepted Offer Type: Internal External Salary Index Range: Sick Time Accident Sick Ti	Total Percent: 1.0000 RESOURCES USE ONLY d: Start Date: LTS Step: Next Step Increase: rual: Sick Bank: Oct May Holiday Snow Day Vacation
Fully Qualified Account Code and Object 01-365-215-830-000-114102 HUMAN Empl ID:(EIN#) NAME: Date Offered: Date Accepted Offer Type: Internal External Salary Index Range: Sick Time Accident Sick Ti	2358301597
Fully Qualified Account Code and Object 01-365-215-830-000-114102 HUMAN Empl ID:(EIN#) NAME: Date Offered: Date Accepted Offer Type: Internal External Salary Index Range: Sick Time Accident Sick Ti	Total Percent: 1.0000 RESOURCES USE ONLY d: Start Date: LTS Step: Next Step Increase: rual: Sick Bank: Oct May Holiday Snow Day Vacation

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