

SECTION I – PERSONAL INFORMATION

Please Type or Clearly Print
 Proper Name of Person: Frances Berrones-Johnson ID # 2179
First Middle Initial Last Last four digits of SSN
 CAMPUS/SITE: CORPORATE/SA

SECTION II – RECOMMENDED ACTION

TYPE OF RECOMMENDATION	EFFECTIVE DATE	COMMENTS
A. <input type="checkbox"/> New Hire to Fill [] Vacancy [] New Position	A. _____	AS BOARD APPROVED ON 8/16/14. 1% PAY INCREASE
B. <input type="checkbox"/> A Re-hire to Fill [] Vacancy [] New Position	B. _____	
C. <input type="checkbox"/> End of 90-Day Probationary Period	C. _____	
D. <input type="checkbox"/> Promotion	D. _____	
E. <input checked="" type="checkbox"/> Change in Rate of Pay	E. <u>08/01/14</u>	
F. <input type="checkbox"/> Change Employment Status to [] FT [] 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 type="checkbox"/> Other (Explain):	J. _____	

SECTION III – EMPLOYMENT INFORMATION

A. Proposed Title: _____ B. Instructional/Specialty Area: Management
 C. Current Title: Superintendent/CEO D. To be Supervised by: CHARTER HOLDER BOARD
 E. Employment Category: [Full-time [] Part-time [] Substitute F. Classification: [Regular [] Temporary [] Summer
 G. Pay Rate - Current Pay Rate: \$ 61.50 Per: hr Proposed Pay Rate: \$ 62.73 Per: hr
 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: Board Members DATE: 08/16/14
 A. PERSONNEL REVIEW: C.J. Barco DATE: 8/18/14 B. BUDGET REVIEW: _____ DATE: _____

SECTION V - DISPOSITION

Superintendent/CEO's Signature [Signature] DATE: 8/20/2014
 APPROVED [] DISAPPROVED [] REVISED [] SUSPENSE [] OTHER :

SECTION VI – FOR OFFICE USE ONLY

A. FLSA Category: [EX [] Non-EX [] N/A B. Approved Effective Date: 08/18/14
 C. Instructional Days Remaining on School Calendar + Staff Devel. + Work Days = Total Max Days 226 D. Daily Rate= \$ 501.84 [] 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.