

REQUEST TO POST VACANCY

Person completing form: _____ Date: _____

Is this a newly created position? ____ Yes* ____ No **If yes, attach the job description.**

Budget Source:

Education Fund Grant Funded Transportation Fund/O&M Other _____

Building: _____ Department: _____

Position Title: _____ Position Assignment: _____
(i.e. Teacher, Clerical, Maintenance) (i.e. Grade 2, Social Studies)

Certified: _____ Non-Certified: _____

Certification Required: _____ Endorsement Desired: _____

Qualifications Desired: _____

Full time _____ Part time _____ Total FTE requested: _____

If part time, days/hours to be worked: _____

Describe daily schedule: _____

Direct Supervisor: _____

Reason for requesting position: Replacement Increased Enrollment Contract Required Other

Was this position filled in the previous school year? ____ Yes ____ No

If filled in the previous year, what was employee's name? _____

Why is that employee no longer in the position? _____

Proposed start date: _____ **(Must be after Board approval)**

Account Number _____

Please contact the finance department for the account number prior to submitting form

Instructional Improvement Officer _____ Date

Comptroller/Treasurer _____ Date

Human Resources Director _____ Date

Date Stamp
