



EMPLOYMENT REQUEST

To: Carol Douglas, Human Resources Director

From: _____

This form must be completed by the principal or program director and submitted to the Human Resources Director prior to employment. Employment will be final only after the applicant is approved by the Board of Education.

Name of Recommended Applicant _____

School/Department _____

Position _____ Effective _____

Fulltime
 Part-time
 Months of Employment 10 11 12
 (# of hours _____)

Reason for Employment: New Position ___ Replacing _____

Comments: _____

INTERVIEW RECORD

Rank	Applicant	Interviewer	Interview Date

Reasons Selected _____

Reference Name	Checked By	Comments	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date notified those not selected _____ Phone ___ Letter _____

Principal/Program Director Signature

Date