



ATTENTION: SUPERINTENDENT

Employee Name: _____ SS# _____-_____-_____

Position: _____ Details: _____

Location: _____ Start Date: _____

Justification: Replacement- _____

OR

New Position-- _____

Classification: _____ License Status: _____

Funding Source: _____

MSIS Information: DOB - ___/___/___ Sex: ___ Race: ___ Ethnicity: _____

Address: _____ City _____ ST _____ ZIP _____

Recommendation Information

Scale	License	Days	Exp	Salary

APPROVAL

Supervisor: _____ Date: _____

Program Manager: (funding only) _____ Date: _____

Superintendent: _____ Date: _____

_____ Central Office Use Only _____

Board Agenda Date: _____ Board Action: _____

“Education of Our Children: TOP PRIORITY”