## PERSONNEL REQUEST FORM

TO:	Personnel Director
FROM	l: School or Program
TITLE	OF POSITION:Attendance Unit
1.	Category: (check one box in each of 'a', 'b' and 'c')
	a. New position b. Permanent c. Full time (enter hours/week)  *Replacement Temporary Part time (enter hours/week)  *Individual being replaced and reason:
2.	Anticipated date(s) of employment:
3.	List general duties and responsibilities of position. (If new position, attach suggested job description.)
4.	List any special qualifications you wish the candidate to possess. (Use a separate sheet if needed.)
5.	Are there funds in the current Board budget to employ the person?  Yes No If No, indicate source of funding.
Recor	nmended: Date: Central Office Administrator
	FOR PERSONNEL OFFICE
Date r	eceived in Personnel:
Recor	nmended: Date:
Date s	nmended: Date: (Name) ubmitted for Board action:
	sition: Date:
Date p	osition filled:
	UCTIONS: This form shall be prepared in duplicate by the requesting party. One copy wil

INSTRUCTIONS: This form shall be prepared in duplicate by the requesting party. One copy will be retained by the place of origin, and one copy shall be forwarded to the Personnel Director for processing.