

**REQUEST FOR EMPLOYMENT OF CERTIFICATED PERSONNEL**  
**SCHOOL YEAR: 20\_\_ - 201\_\_**  
**NO EMPLOYMENT AGREEMENT MAY BE GIVEN WITHOUT PRIOR APPROVAL**  
**OF THE ASSISTANT SUPERINTENDENT OR RELIGION CERTIFICATION SUPERVISOR**

**SCHOOL** \_\_\_\_\_ **DATE** \_\_\_\_\_  
 Person to be Replaced \_\_\_\_\_ Position \_\_\_\_\_  
 Column \_\_\_\_\_ Step \_\_\_\_\_ Total Compensation \_\_\_\_\_ Reason for Replacement \_\_\_\_\_  
**Person Requested** \_\_\_\_\_ **Religious Affiliation** \_\_\_\_\_  
 Position \_\_\_\_\_ Subject Areas \_\_\_\_\_

**PROFESSIONAL QUALIFICATIONS**

	Yes/No			Yes/No
BA/BS		Major:	Minor:	Copy of BA/BS
MA/MS		Field		Copy of MA/MS
Calif. Sec. Cred.		Expires		Copy of Cred.
L.A. Rel. Cert.		Year Certified		Copy of Cert.

Number of Units Beyond BA/BS: \_\_\_\_\_ Number of Units Beyond MA/MS: \_\_\_\_\_

**TEACHING EXPERIENCE:**

School \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 School \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 School \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
 School \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Total years of teaching experience: Within Archdiocese \_\_\_\_\_ Outside Archdiocese \_\_\_\_\_  
 (Maximum 15 yrs. may be credited. Refer to placement guidelines.)

**OTHER WORK EXPERIENCE/DATES:** \_\_\_\_\_

**OTHER INFORMATION:**

Fingerprints collected and submitted to the Department of Justice \_\_\_\_\_ **DATE:** \_\_\_\_\_  
 Clearance Records received from the Department of Justice \_\_\_\_\_  
 Virtus training compliance satisfied \_\_\_\_\_  
 VPIN information entered and verified \_\_\_\_\_

**REFERENCE CONFIRMATION – All former principals must be contacted by receiving principal**

School Official Making Contact	Person Contacted/Title/Position	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**PROPOSED SALARY**

Column \_\_\_\_\_ Step \_\_\_\_\_ Base Salary \_\_\_\_\_  
 Additional Compensation \_\_\_\_\_ for \_\_\_\_\_  
 Additional Compensation \_\_\_\_\_ for \_\_\_\_\_

**TOTAL COMPENSATION** \_\_\_\_\_ **DATE EFFECTIVE:** \_\_\_\_\_

\_\_\_\_\_  
**PRINCIPAL** **DATE** **ASSISTANT SUPERINTENDENT/** **DATE**  
**RELIGION CERTIFICATION SUPERVISOR**

**Please return this form to the Assistant Superintendent or Religion Certification Supervisor.**  
**Retain a completed and signed copy in the employee's personnel file.**

