

**REQUEST FOR EMPLOYMENT OF CLASSIFIED STAFF  
SCHOOL YEAR: 20\_\_ - 201\_\_**

**STAFF MAY NOT BE HIRED W/O PRIOR APPROVAL OF THE ASSIST. SUPERINTENDENT**

School: \_\_\_\_\_ Date: \_\_\_\_\_

Person to be Replaced: \_\_\_\_\_

Position: \_\_\_\_\_

**Classified Status:**

Hourly Wage: \_\_\_\_\_

Hours Per Day: \_\_\_\_\_

(excluding lunch)

Months Per Year: \_\_\_\_\_

Payment Per Year: \_\_\_\_\_

\*\*\*\*\*

Person Requested: \_\_\_\_\_

Position: \_\_\_\_\_

**OTHER INFORMATION:**

**DATE:**

Fingerprints collected and submitted to the Department of Justice \_\_\_\_\_

Clearance Records received from the Department of Justice \_\_\_\_\_

Virtus training compliance satisfied \_\_\_\_\_

VPIN information entered and verified \_\_\_\_\_

**REFERENCE CONFIRMATION**

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

**Classified Status:**

Hourly Wage: \_\_\_\_\_

Hours Per Day: \_\_\_\_\_

(excluding lunch)

Months Per Year: \_\_\_\_\_

Payment Per Year: \_\_\_\_\_

Date to be effective \_\_\_\_\_

\_\_\_\_\_  
Principal Date

\_\_\_\_\_  
Assistant Superintendent Date

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

