

REQUEST FOR EMPLOYMENT OF CLASSIFIED/NON-EXEMPT STAFF
SCHOOL YEAR: 20_____ - 20_____

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

School: _____ Date: _____

Person to be Replaced: _____

Position: _____

Classified/Non-exempt Status:

Hourly Wage: _____

Hours Per Day: _____ (excluding lunch)

Months in School 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/Non-Exempt Status:

Hourly Wage: _____

Hours Per Day: _____ (excluding lunch)

Months in School 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.*

