

REQUEST TO POST

DATE: _____

INITIATOR (HIRING MANAGER): _____

POSITION OF PERSON COMPLETING FORM: _____

SCHOOL/DEPARTMENT: _____ DATE: _____

REASON FOR VACANCY: Resignation
 Retirement
 Transfer
 Dismissal/termination
 New Position
 Other _____

INDIVIDUAL VACANT POSITION: (if applicable) _____

POSITION CONTROL #: _____ TITLE/POSITION: _____

REASON/JUSTIFICATION: Instructional imperative (Explain)
 Health imperative (Explain)
 Safety imperative (Explain)
 Other (Explain)

Explanation: _____

WHY IS THIS POSITION NECESSARY? _____

CAN THE WORK BE ASSIGNED TO SOMEONE ELSE? Circle one: Yes No
Explain: _____

CAN THE POSITION BE COMBINED WITH ANOTHER POSITION? Circle one: Yes No
Explain: _____

Approvals:

Initiator: _____ Date: _____
Asst. Superintendent/Division Chief: _____ Date: _____

District Superintendent Only:

Approved: Yes No
Date: _____
Signature: _____