



REQUEST TO FILL POSITION

SECTION I

TITLE OF POSITION: _____

POSITION IS: ☐ NEW ☐ REPLACEMENT ☐ OTHER _____

EXPLANATION OF NEED TO FILL THE POSITION: (Attach supporting documentation where necessary)

TYPE OF POSITION: ☐ Full-Time ☐ Part-Time ☐ Per Diem ☐ Reg. Sub ☐ Per Diem Sub ☐ Hourly
(If request is for multiple vacancies in the same title, indicate number of vacancies to be filled _____)

LENGTH OF POSITION: ☐ Regular (Full Year Appointment) ☐ Temporary (Less than Full Year Appointment)

PERIOD OF EMPLOYMENT: ☐ School Year(10 mo) ☐ Fiscal Year(12 mo) ☐ Other(specify dates)_____To _____

CERTIFICATE / LICENSE REQUIRED: ☐ Admin:_____ ☐ Teacher:_____ ☐ TA _____ ☐ Civil Service (min Quals)
☐ NYS Professional License:_____ ☐ Other:_____

JOB DESCRIPTION: ☐ Reviewed *Comments:* _____

ANTICIPATED START DATE:_____WORK LOCATION: _____
(Please be specific - ex. building, district, etc.)

REQUESTED LENGTH OF RECRUITMENT: ☐ 30 Days ☐ 2 Weeks ☐ Other(specify dates) From:_____To:_____

	FOR SALARIED EMPLOYEE	FOR HOURLY EMPLOYEE	
PROGRAM ASSIGNMENT(S)	FTE	# HRS WEEK	BUDGET CODE(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE OF HIRING SUPERVISOR:_____DATE: _____

APPROPRIATE PROGRAMMATIC APPROVAL:_____DATE: _____

DEPUTY SUPT / CHIEF OFFICER / ASST SUPT APPROVAL: _____DATE: _____
(If differs from Programmatic approval)

*APPROPRIATE FISCAL APPROVAL:_____DATE: _____
(Fiscal approval denotes that the budget codes indicated above are valid)

Please Note: All support staff / clerical positions require the approval of the District Superintendent_____(Initials)

Human Resources Use Only

SECTION II

Jurisdictional Class:

☐ Classified Title: _____ ☐ Exempt ☐ Competitive ☐ Non-Competitive ☐ Labor

☐ Unclassified Certification / License Required: _____

Position to be filled through:

☐ Active Recruitment ☐ Active Civil Service list ☐ Recall off Preferred Eligibility List ☐ Part-Time Rehire ☐ Current QIII Employee
☐ Other _____

Employee Unit Designation:_____Salary Range or Step_____Schedule _____

DIRECTOR OF HUMAN RESOURCES:_____Date: _____

EMPLOYMENT RECOMMENDATION & APPOINTMENT DATA

GENERAL INFORMATION:

Name: _____	Assignment: _____
First MI Last	HR Program: _____
Position Title: _____	HR Location: _____
Recommended Salary: _____	Room #: _____
(Step) (Rate of pay)	Questar Work Location Phone # _____
Budget Codes: _____ FTE: _____	Previous QIII Employment: <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ FTE: _____	Retiree: (Public Employment): <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ FTE: _____	Previous Tenure: <input type="checkbox"/> Yes <input type="checkbox"/> No
Start Date: _____ thru _____	If Yes, please give location: _____
	(APPR Score and Tenure Letter Also Required)
Employment recommended by:	
SIGNATURE OF HIRING SUPERVISOR: _____	Date: _____

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UNCLASSIFIED (Certified) EMPLOYEE

Tenure Area: _____	
Salary: _____	(Rate of pay)
(Step*)	
<input type="checkbox"/> Probationary Period - 4 year	_____ Begin _____ End
<input type="checkbox"/> Probationary Period - 3 year	_____ Begin _____ End
<input type="checkbox"/> Term Appointment	_____ Begin _____ End
<input type="checkbox"/> Temp Sub Pending Cert	_____ Begin _____ End
<input type="checkbox"/> Extension	_____ Begin _____ End
<input type="checkbox"/> Regular Substitute Appt	_____ Begin _____ End
Reg Sub For (Name) _____	
<input type="checkbox"/> Part Time Appt	_____ Begin _____ End
<input type="checkbox"/> Per Diem Substitute	_____ Begin _____ End

CLASSIFIED (Civil Service) EMPLOYEE

WinCap Title _____	
Civil Service Title _____	
Salary: _____	(Rate)
(Step*)	
<input type="checkbox"/> Permanent Appt	_____ Effective Date
<input type="checkbox"/> Probationary Appt	_____ Begin _____ End
<input type="checkbox"/> Provisional Appt	_____ Effective Date
<input type="checkbox"/> Temporary Appt (incl. seasonal hires)	_____ Begin _____ End
<input type="checkbox"/> Labor Class	_____ Effective Date
<input type="checkbox"/> Non-Competitive Class	_____ Effective Date
<input type="checkbox"/> Other _____	Reason _____ Effective Date

Certification Status:

- ☐ Provisional / Initial ☐ Permanent / Professional ☐ Not Certified
- ☐ Teaching Asst. Level _____ ☐ Other _____
- ☐ Application under review for: _____

Certification / Civil Service Verification:
(Verification of certification or civil service status) _____
(Initials)

Notes: _____

Employment recommendation reviewed by:

Benefits Category: _____	Contractual Stipends: _____
SIGNATURE OF DIRECTOR OF HUMAN RESOURCES: _____	Date: _____
Proposed Board Date: _____	Processed by Payroll Department on _____ (Date)
<input type="checkbox"/> under 60-day appointment, does not go on board agenda	
SIGNATURE OF BOARD CLERK: _____	Date: _____
Position Code: _____	FLSA Exempt: <input type="checkbox"/> FLSA Non-Exempt: <input type="checkbox"/>
Board Category: _____	