



Position Requisition Form

Replacement Position
Replacing: _____
Termination Date: _____

Additional Position

Position Requested: _____

Department/School: _____

Part Time

Full Time

Seasonal/Activity

Requested Start Date: _____

If **replacement** position, have the duties of this position changed? No Yes (explain)

If **additional** position, please explain reason.

Signature of Requestor

Date Requested

Return to Deb Macdonald, Business Office for Approval Processing

Approvals

*Replacement Positions require Superintendent and Business Manager approval.
Additional positions also require the approval of the School Board.*

Approved Denied

Superintendent

Date

Approved Denied

Business Manager

Date

For Additions Only:

Approved Denied

School Board President

Date

Status Communicated to Requester