

Sweetwater County School District No. Two

Request for Approval to Post Position Vacancy

Position Information

Position title: _____ Dept: _____

Completed by: _____

Funding: _____

- | | | | |
|--------------------------------------|---------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Part Time | <input type="checkbox"/> Full Time | <input type="checkbox"/> Permanent | <input type="checkbox"/> Temporary |
| <input type="checkbox"/> Replacement | <input type="checkbox"/> New Position | <input type="checkbox"/> Hourly | <input type="checkbox"/> Exempt |

Proposed Starting Salary: \$ _____ Start Date: _____

Supervisor: _____ Department: _____

Description of Duties:

Additional Comments:

Supervisor Signature

Date

Budget Approval

Approved Salary: \$ _____ Approved Classification: _____

Funding source and availability: _____

Business Manager Signature

Date

Superintendent's Approval to Post

Approved by: _____