



Haywood County Schools

EMPLOYMENT REQUEST FORM

Employee Name:

Phone:

School:

Assignment:

Requested
Start Date:

End Date:

Grade Level: _____ Subject: _____ Replacing: _____

Employment is: Full Time Part Time Temporary Full Time Temporary Part Time As Needed

Employment Months: 10 month 11 month 12 month Other: _____

Transfer/Status Change: Yes *if yes, From: _____ To: _____

Former HCS employee: Yes No

Is the Employee a NC State Retiree Rehire: Yes *if yes, How many hours per week: _____ Rate of Pay: \$ _____ hr

Additional Work Hours for classified personnel: Yes *if yes, How many per week: _____ Rate of Pay: \$ _____ hr

Additional Work Hours for licensed personnel: Yes *if yes, How many per week: _____ Rate of Pay: \$ _____ hr

INTERVIEW RECORD

Applicant Name: (In order of rank)	Date:	Interviewed By:	Comments:

** List additional inquiries on the back*

Reason Selected:

Three references were checked: Yes No

Administrator Signature _____
Date

Rejection Notifications: Phone Letter Email _____
Date

FOR OFFICE USE ONLY

Budget Code:

Change in Funding: Yes *If Yes, From: _____ To: _____
Budget Code Budget Code

Leave of Absence: Yes *If Yes, Type of Leave: _____ From: _____ To: _____