

EDUCATIONAL SUPPORT PERSONNEL APPOINTMENT REQUEST

(Complete and forward to Human Resources/Educational Support Personnel)

SCHOOL/DEPARTMENT: _____ WORK LOCATION #: _____

RECOMMEND APPOINTMENT OF: _____ SS#: _____

POSITION TITLE: _____

TYPE OF EMPLOYEE: (Please ✓ one)

Permanent Temporary Promotion Temporary

FUNDING SOURCE:

Basic/Local ESE/Local ESE/IDEA Grant Title I Pre-K SAI Other _____

COST/BUDGET CODE: _____
Fund Function Object Cost Center Project

EFFECTIVE DATE: _____
(First date on job – if new hire, to be determined by ESP Dept)

Food Services Only: Supplement Yes No
If yes, amount: 5% 10% 15% 20%
Reason: Share Management Satellite

REPLACING: _____

VACANCY CAUSED BY (Please ✓ one)

Resignation/Retirement Leave of Absence
 Transfer Sick Leave
 New position Other _____

NUMBER OF HOURS WORKED EACH DAY: _____ (Does not include time for lunch break.)

NUMBER OF MONTHS SCHEDULED TO WORK: _____

HR USE ONLY
ESP Matrix: _____ + _____%
Lane: _____ + _____ Step _____ (Pay Grade) (Longevity)
Hours: _____ Empl Type: _____
Hourly Rate: \$ _____
Annual Salary: \$ _____
Note: Salary information is an estimate and subject to change.
FRS Code: _____ NCLB Code: _____

NOTE: THE SCHOOL DISTRICT OF ESCAMBIA COUNTY IS A DRUG/TOBACCO-FREE WORKPLACE EMPLOYER. PRE-EMPLOYMENT DRUG AND NICOTINE TESTING MAY BE REQUIRED.

I understand that this appointment is contingent upon the approval of my:

- 1) Background Screening Information 2) Drug & Tobacco Screening Results 3) Medical History Questionnaire

Statement Concerning Collection of Social Security Numbers

The Escambia County School District in compliance with Florida Statutes is required to inform individuals the purpose for collection of Social Security numbers. The District specifically collects Social Security numbers where it is authorized by law for such purpose and where it is imperative for the performance of the District's duties and responsibilities.

Applicant's Signature: _____ **Date:** _____

SIGNATURES OF APPROVAL (MUST BE IN SEQUENCE LISTED)

1. _____
Principal/Department Head Signature Date

2. _____
Position Authorized/Human Resources Signature Date

3. _____
Budgeting Department Signature Date

Funds Budgeted Funds Not Budgeted