

**BRIDGETON PUBLIC SCHOOLS
PERSONNEL REQUEST**

Position Requested _____

Job Location _____

Replacement position Person being replaced _____

New Position Starting date _____

Extra contract _____

Long term substitute for _____

Account number _____

Certification required for position _____

Other pertinent information or comments _____

Administrator submitting request _____ Date _____

School Business Adm. Approval _____ Date _____

Funded Programs Approval _____ Date _____

Student Support Services Approval _____ Date _____

Human Resources Approval _____ Date _____

No advertisement will be processed until this form is completed and approved