

**STUDENT APPOINTMENT
REQUEST**

(Email completed form to hrgeneral@ecsdfl.us)

SCHOOL/DEPARTMENT: _____

RECOMMENDED APPOINTMENT OF _____ SS#: _____
(Student Name)

AS A: POOL ATTENDANT COLLEGE ACE BCE DCT OJT/ESE OTHER

EFFECTIVE DATE: _____

POSITION TITLE: _____

REPLACING (Name): _____

VACANCY CAUSED BY:

- Resignation
 New Position

NUMBER OF HOURS SCHEDULED TO WORK EACH DAY: _____

NUMBER OF MONTHS SCHEDULED TO WORK: _____

STUDENT CLASSIFICATION:

- POOL ATTENDANT DCT
 COLLEGE OJT/ESE
 ACE OTHER: _____
 BCE

COST/BUDGET CODE: _____
FUND FUNCTION OBJECT COST CENTER PROJECT

SIGNATURES OF APPROVAL

1. _____
Date Principal/Department Head

2. _____
Date Authorized Signature/Budget Dept.

- Funds Budgeted
 Not Budgeted

NO STUDENTS PROCESSED WITHOUT THIS FORM