

**INDEPENDENT SCHOOL DISTRICT NO. 1
LEWISTON, IDAHO**

PERSONNEL REQUEST FORM

Position Title	Grade Level (if applicable)	Number of Positions
New:	To Replace:	
Certificated:	Non Certificated:	Number of Hours:

Building	
Supervisor	
Budgeted	
Not Budgeted	
Other Revenue Source	

Certification Required	
Endorsements	
Must fill by what date	
Application Closing Date	

Special Advertising Instructions:
Budget Code for Advertising:

Special Instructions:

State Department Notified:	Date:
Finger Printing Applied For:	Date:
Finger Printing Completed and Verified:	Date:

Requested by:	Date:
Approved by: Superintendent	Date:
Admininstrator/Supervisor:	Date:
Notified: HR Supervisor	Date: