



**Horizon School Division
Certificated Staff
Posting Request**

School/Work Location: _____

Description of Position: _____

Start Date: _____

End Date: _____

Type of Position: Temporary

Interim

Probationary

Full Time Equivalent (FTE): _____

Reason for position:

Newly created position. Funding Source: _____

Employee Resignation/Retirement/Relocated. Name of Employee Being Replaced: _____

Supporting Document Attached? Yes No. Date Submitted? _____

Employee on Leave (Medical/Parental/Personal). Name of Employee on leave: _____

Supporting Document Attached? Yes No. Date Submitted? _____

Principal/Site Supervisor

Date

For Division Office use Only

Competition Number assigned: _____

Division Office Approval

Date