



## Keeneyville School District #20 Personnel Approval Form

### To Be Completed For Business Office:

Name of Applicant: \_\_\_\_\_

Administrator Recommended Hire: \_\_\_\_\_

Superintendent Approval: \_\_\_\_\_

Date of Board Approval: \_\_\_\_\_

Start Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

\_\_\_\_\_ New Position      \_\_\_\_\_ Replacement For: \_\_\_\_\_

Job Title: \_\_\_\_\_

Location: \_\_\_\_\_

Full Time/Part Time: \_\_\_\_\_

Certified:      Step: \_\_\_\_\_      Lane: \_\_\_\_\_      Salary: \_\_\_\_\_

Non-certified:      Rate: \_\_\_\_\_      Step: \_\_\_\_\_      Lane: \_\_\_\_\_

Work days/yr:      10 month      12 month

Other: Hours/Days \_\_\_\_\_

\_\_\_\_\_