

APPLICATION FOR SUPPLEMENTAL POSITION

ADAMS COUNTY/OHIO VALLEY SCHOOL DISTRICT

Complete a separate Supplemental Position Request for each posted supplemental position in which you are interested. Supplemental Position Request is to be hand delivered to the BUILDING PRINCIPAL for approval. Phone requests will not be honored.

Date: _____

Name: _____ School Yr.: _____

Address: _____ SSN: ____ / ____ / ____

Phone: _____

Certified

Classified

Not presently employed by ACOVSD

Present Position: _____ School: _____

Position Requested: _____ School: _____

Posting Number: _____

Signature _____

For Principal's Office Only

Principal _____ Date Received: _____

Principal

Recommend Employment: _____ Yes _____ No

Position: _____ School Year: _____

Years This Person Has Held Position PREVIOUS TO ABOVE SCHOOL YEAR: _____

Building Administrator: Please have supplemental applicant complete top section. You complete middle section indicating your recommendation. Send the completed form to the Central Office.

Administration Office

Administrator _____ Date _____

Employ: _____ Yes _____ No Effective Date of Hire: _____

For the School Year: _____

Notice Sent To: Supplemental Employee _____
Administrator of Supplemental Position _____
Treasurer's Office _____

Adams County/Ohio Valley School District is an Equal Opportunity Employer