



Lakeland Central School District Vacancy Posting Request

This form is to be completed in its entirety, including all authorizing signatures and required attachments, so that job postings can be placed on OLAS or distributed to the buildings.

VACANCY INFORMATION

Building/Department _____ Date _____

Position Title _____

CSEA LFT ALAC Other

Name of Position's Direct Supervisor _____

Type of Position:

New Replacement Leave Replacement Temporary

Previous Incumbent _____ (*Replacement/Leave Replacement only*).

Requested Start Date _____ Budget Code _____

(Leave Replacement Dates: _____ to _____)

Full Time Part Time (specify hours/days) _____

10 Month 12 Month Shorter 12 Month Longer

AUTHORIZING SIGNATURES

Departmental
Director/Supervisor _____ Date _____

Business Official _____ Date _____

Assistant Supt. HR _____ Date _____

FOR HR USE ONLY

Posting # _____ Date Posted _____ Date Filled _____

Name of New Employee: _____

Date of Hire: _____ Certification/Classification: _____

Board Approval Date: _____

Due Date for 12-week
Probationary Evaluation: _____