

**The School District of Escambia County Florida
INSTRUCTIONAL APPOINTMENT REQUEST**

School/Department _____ School Year _____

Name of Applicant _____ SSN Last Four _____

Position Title _____

Grade/Subject

Job Posting Number

10 months 11 months 12 months Full Time Part Time: FTE or # of Days _____

Supervisor: _____ Itinerant: Yes No

Funding Source: Basic Vocational ESE ESE Support OTU NTU
 Projects/Grants SAI Title I Pre-K Other (be specific) _____

Staffing Line Number & Unit _____

Budgetary Coding _____

Fund Function Object Cost Center Project

Effective Date * _____

Replacing _____

Vacancy caused by: Resignation Transfer Retirement Leave of Absence
 Worker's Compensation AC Non Renewal New Position Other

**NOTE: The School district of Escambia County is a Drug-free workplace employer.
 Pre-employment drug and nicotine testing is required.**

* I understand that this appointment is contingent upon the approval of my:

- 1) Teacher certification
- 2) Background screening information
- 3) Drug and Tobacco/Nicotine screening results
- 4) Post Employment Offer Medical History Questionnaire

I understand that by my acceptance of this Instructional Appointment, I am no longer eligible to apply or interview for other instructional positions for the _____ school year. **I understand further that upon signing this appointment form, I shall be bound to serve as provided in s. 1012.335, F.S. During the duration of this contract, I may be dismissed without cause or may resign from the contractual position without breach of contract.**

Statement Concerning Collection of Social Security Numbers

The Escambia County School District, in compliance with Florida Statutes, is required to inform individuals the purpose for collection of Social Security numbers. The District specifically collects Social Security numbers where it is authorized by law for such purpose and where it is imperative for the performance of the District's duties and responsibilities.

Date _____ Applicant Signature _____

SIGNATURES OF APPROVAL

1. _____
 Date _____ Principal / Department Head

2. _____
 Date _____ Position Authorized / Director – Human Resources

3. _____
 Date _____ Budgeting Department

Human Resources / Risk Management USE ONLY

Lane: _____ Step _____

Annual Salary: _____ Prorated: _____

Note: Salary Information is an estimate ONLY and subject to change.

cc: Risk Management & Benefits