



# Position Request Form

Fax to (480) 907-1957 or Email to hr@esiaz.us

2015-2016 FY

\*Once you have received the Employee Cost Agreement from ESI, a PO must be provided to ESI before the start date listed below or the employee will not be permitted to work.

District Name: \_\_\_\_\_

Please indicate the Consortium you will use: \_\_\_\_\_ 1 GPA \_\_\_\_\_ Mohave \_\_\_\_\_ SAVE \_\_\_\_\_ None \_\_\_\_\_

Is the requested employee new to ESI or returning to ESI? \_\_\_\_\_ New \_\_\_\_\_ Returning \_\_\_\_\_

Job Requirements (Check all that apply): \_\_\_\_\_ Admin/Teaching Cert \_\_\_\_\_ Bus Driver Cert \_\_\_\_\_ Coach Docs (list in special requirements) \_\_\_\_\_  
Fingerprint Clearance Card \_\_\_\_\_ CPR Cert \_\_\_\_\_ Other (list in special requirements) \_\_\_\_\_

Start Date	End Date	# of Days	Hrs/Day	Employee Name	Job Title	Job Location	Pay Type (Salary, Daily, Hourly)	Pay Amount (Gross)

List any leave time employee is approved for (please include paid holidays): \_\_\_\_\_

Special Requirements: \_\_\_\_\_

If employee has additional stipends or supplemental positions list them here: \_\_\_\_\_

Description	Amount	Paid as: (Hourly Rate, Lump Sum, Equal Payments)	Additional Comments

Employee Phone: \_\_\_\_\_

Employee E-mail: \_\_\_\_\_

Position Request Made by: \_\_\_\_\_

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

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

Phone or E-mail: \_\_\_\_\_

Approved by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone or E-mail: \_\_\_\_\_