

THE SCHOOL DISTRICT OF PHILADELPHIA
Office of Talent Acquisition – Instructional Staffing

Date: _____

TO: Lissa S. Johnson, Deputy Chief

FROM:

SUBJECT: Request to Change from 10 Month to 12 Month Administrator

Please accept this as my formal request to change from a 10 month administrator to a 12 month administrator.

Please be advised that your request will be reviewed pursuant to Article 1, Section 1h of the CASA Collective Bargaining Agreement. All requests will be evaluated for administrative and budgetary impact. All requestors will be notified by May 1 if the request is approved.

Name: _____

Position: _____

School Name: _____

Location #: _____

This form must be submitted by the close of business on Friday, March 11, 2011 to:

By PONY: Lissa S. Johnson, Deputy Chief
Office of Talent Acquisition
440 N. Broad Street, Suite 111
Philadelphia, PA 19130

By email: lsjohnson@philasd.org

By fax: 215-400-4611

(for office use only)

Date Received:

Request Approved _____

Request Denied _____

Approver's Signature: _____

Class and Comp Representative's Signature: _____