

NOTIFICATION OF EMPLOYMENT ISI



PART I: TO BE COMPLETED AND SIGNED BY THE PRINCIPAL:

Employee's Name: _____

Employee's SSN: _____-_____-_____

Employee's Current Address: _____

Employee's Current Phone Number: _____

Employee's E-mail Address: _____

Assignment Location: _____

Assignment Title: ___ ISI Instructor
 ___ ISI Helper
 ___ Other _____

The above named employee is recommended for employment beginning _____ at a rate
of \$ _____ per hour. If this employee also works for CPSB, please indicate other position _____.

Principal Signature

Date

PART II: To be completed by CPSB Personnel Department:

I certify that this employee has completed his/her drug screen and is clear to begin working in the ISI Program.

Personnel Signature

Date

Routing of Application: Upon completion of Parts I, Principal should fax a copy of application to Personnel.
Upon completion of Part II, Personnel should e-mail a copy of application back to Principal.

The employee may not start working in the ISI Program until clearance is received from Personnel.