



Administration Office

615 Edmond Rd NW
Piedmont, OK 73078

 **405.373.2311**

 **piedmontschools.org**

JOB POSTING REQUEST FORM

REQUESTING ADMINISTRATOR: _____

SITE: _____ DATE REQUESTED: _____

POSITION: _____ DATE REQUIRED: _____

NAME OF EMPLOYEE LEAVING: _____

LAST DAY OF EMPLOYMENT: _____

REASON FOR REPLACEMENT:

- Resignation
- Retirement
- Transfer
- D of N Not Rehired

- LOA
- New Position
- Termination

APPROVED BY: _____ DATE: _____