CLAYTON COUNTY PUBLIC SCHOOL SYSTEM
DIVISION OF HUMAN RESOURCES

CENTRAL OFFICE HIRING APPROVAL FORM

Section A – To be completed by Department Head requesting the position

Department/Location _____ Date _____

Department Head _____

Position Requested _____ Reason for Vacancy **(Resignation, Retirement, Internal Promotion, etc.…)** _____

Employee Being Replaced/EID (If Applicable) _____ Effective Date _____

Funding Source ☐ General _____ Funding Source ☐ Other _____

Job Class Code _____ PCN _____

Section B – Justification/Rationale to be completed by Department Head requesting the position

Section C – To be completed by Compensation Department

Salary Range _____

Grade/Schedule _____

Days Per Year _____

Compensation Staff _____

Date _____

Section D – To be completed by Deputy/Chief

☐ Approved ☐ Denied

_____
Deputy/Chief Signature

_____
Date

Section E – To be completed by the Superintendent

☐ Approved ☐ Denied

_____
Superintendent/CEO Schools Signature

_____
Date

Return to: Alisha Albritten, CHRO

C: Deputy/Chief
Position Control

9/3/2026 (TEM)