

## MISCELLANEOUS APPOINTMENT REQUEST

School/Department: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Last 4 of SS#: \_\_\_\_\_

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

Funding Source/Project: \_\_\_\_\_ Grant: \_\_\_\_\_

Cost/Budget Code: \_\_\_\_\_  
  FUND  FUNCTION  OBJECT  COST CENTER  PROJECT/GRANT

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

NOTE: THE SCHOOL DISTRICT OF ESCAMBIA COUNTY IS A  
DRUG/NICOTINE-FREE WORKPLACE EMPLOYER.  
PRE-EMPLOYMENT DRUG/NICOTINE TESTING IS REQUIRED.

I understand that this appointment is contingent upon the approval of my:

- 1) Certification/Licensure/Qualifications
- 2) Background screening information
- 3) Drug/Nicotine screening results

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

### SIGNATURES OF APPROVAL

1. \_\_\_\_\_ Date \_\_\_\_\_  
Principal/Department Head

2. \_\_\_\_\_ Date \_\_\_\_\_  
Director - H.R. Services

3. \_\_\_\_\_ Date \_\_\_\_\_  
Budget Department

- Funds Budgeted  
 Funds Not Budgeted