

EMPLOYMENT AUTHORIZATION REQUEST (EAR)

Position# _____

Carteret County Public School System

All Personnel

As the final step prior to employment this form shall be completed by the principal or supervisor and submitted to the Office of Human Resources. **Employment will be finalized ONLY after the applicant is approved by the Assistant Superintendent for Human Resources.**

NAME OF APPLICANT RECOMMENDED: _____

POSITION DESIRED: _____ START DATE: _____

New Employee Current Employee Retiree Rehired

Current School Assignment: _____

Transferring to: _____

If Itinerant, where is the base school? _____

Other Assignments? _____%, _____%, _____%, _____%

Proposed Months of Employment: 10 11 12/ Full Time Part Time Permanent Temporary

_____ Partial Benefits (Number of hours per day) _____

_____ Full Benefits (Numbers of hours per week) _____

REASON FOR ACTION

Option	Action	Last Day Worked
#1	New Position	xxxxxxxxx
#2	Current Employee Being Transferred (Name)	
#3	Current Employee Resigned (Name)	
#4	Current Employee Retired (Name)	
#5	Current Employee Requested Leave of Absence (Name)	
#6	ESSERS Employee 08/10/2021-06/2024 (Name)	

Comments:

 Principal/Supervisor's Signature

 Date

 Exceptional Children's Director Signature

 Date

Information Report/ Board Action _____

Approved:

 Assistant Superintendent for Human Resources

 Date