



ESP - PSRP REFERRAL REQUEST FORM

**Current Employee / Change of Job Title**

*Attn:* \_\_\_\_\_

**New Hire / Former Employee**

Please fax this completed form to the Office of Human Capital as indicated above. A representative from Human Capital will contact the selected candidate and schedule an appointment.

**PLEASE NOTE:** Candidates should not be sent to the Office of Human Capital. If you have any questions regarding a new hire request, please call 773-553-1142.

School / Administrator Information (Please Print)

**School Name:** \_\_\_\_\_ **Unit:** \_\_\_\_\_ **Area:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Job Code:** \_\_\_\_\_

**Position Number:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Principal / Administrator Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that this candidate is NOT to begin working until he/she receives an "Employee Report for Service" form from the Office of Human Capital. Administrators who allow candidates to work prior to receiving Human Capital approval may be subject to disciplinary action.

Employee / New Hire Information (Please Print)

**Name:** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Employee / Candidate Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that this form serves as a conditional offer of employment. By signing this form, I am accepting the conditional offer of employment and agree to cooperate with the Board in completing the necessary staffing procedures. I understand that I am NOT to report to work and have not been employed by the Chicago Board of Education until I have been approved by the Office of Human Capital and have received an "Employee Report for Service" form.

----- OFFICE of HUMAN CAPITAL ONLY -----

CURRENT Position / Job Information

Probational Appointment     Exempt Appointment     Promotion     Change of Job Title     Reinstatement

**Job Title:** \_\_\_\_\_ **Job Code:** \_\_\_\_\_ **Position Number:** \_\_\_\_\_

\_\_\_\_\_ **Pay Table**      \_\_\_\_\_ **Grade**      \_\_\_\_\_ **Step**      \_\_\_\_\_ **Monthly Salary**      \_\_\_\_\_ **Prepared By**

NEW Position / Job Information

**NEW Job Title:** \_\_\_\_\_ **Job Code:** \_\_\_\_\_

**Position Number:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

\_\_\_\_\_ **Pay Table**      \_\_\_\_\_ **Grade**      \_\_\_\_\_ **Step**      \_\_\_\_\_ **Monthly Salary**      \_\_\_\_\_ **Prepared By**