CHICAGO PUBLIC SCHOOLS CPS

OFFICE OF HUMAN CAPITAL/RECRUITMENT & WORKFORCE PLANNING
125 South Clark Street, 2nd Floor, Chicago, IL 60603
773.553.1045 800.321.0053

PLACEMENT CONFERENCE FORM

Date: _____ **Employee ID :** _____

Name: _____
Last **First** **Middle Initial** **Maiden Name**

Address: _____

City: _____ **State**: _____ **Zip Code**: _____

Telephone: (_____) _____

Degree(s): _____, _____, _____

Current Assignment: _____

Status: Administrator_____ Extended Leave _____ Other _____ New _____

Did you complete your Student Teaching in the Chicago Public Schools? □ Yes □ No
If yes, where? _____

Have you been employed as a teacher in the Chicago Public Schools? □ Yes □ No
Have you been a full-time teacher outside the Chicago Public Schools? □ Yes □ No

How were you referred to the Chicago Public Schools? □ Principal □ Recruiter □ Special Program □ Advertising □ Job Fair □ Walk-In □ Other: _____

Signature of Teacher: _____

For Office Use Only

This Transaction is:

_____ Original Appointment

_____ Reappointment from Resignation/Ext Leave

_____ Reinstatement of PAT

_____ Reinstatement from AP/Launch

_____ Selected Reassigned Teacher

_____ Reinstatement from Administrative Position

School /Unit _____ **Region** _____

Position Number _____ **Teaching Certificate(s):** _____

Effective Date: _____

Lane: _____Step: _____ **Salary: $_____**

Enrollment Coordinator: _____

Employee Benefits Acknowledgement:
I was informed about my eligibility period to enroll in the CPS Employee Benefits Program. I understand I have 31 days from my hire date to enroll and that my healthcare benefits will begin the first of the second month following my date of hire or enrollment, whichever is later. I was instructed to log onto the website to enroll: www.oes.cps.k12.il.us

Employee Signature: _____ *Date:* _____ *R:07/09*