



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

TEACHER STAFFING REQUEST

Date: _____

*Office of Human Capital
Employee Services
320 N. Elizabeth
Chicago, Illinois 60607
Phone: 773-553-1142 Fax: 773-553-6665*

This letter is to request your assistance in staffing the teacher indicated below to the position identified:

School Name: _____

Phone: _____

Position No.: _____

Please indicate the placement status you are requesting at your school:

- Appointment
- Temporarily Assigned Teacher (TAT)
- Part-Time Teacher
- Retired Teacher
- Selection of Reassigned Teacher
- Interim Placement - Reassigned Teacher

Please make this staffing effective: _____/_____/_____

Candidate/Employee Information:

Name: _____

Address: _____

Home/Work Phone: _____

EMPLID/SSN _____

This Candidate is a:

- New Candidate
- Current Chicago Public Schools Employee

Thank you for your assistance and support

Sincerely,

Signature: _____
(Principal/Hiring Authority)