



**Request to Hire/Transfer/Fingerprint  
Department of Human Resources  
Talent Acquisition and Management**

|   |   |                             |
|---|---|-----------------------------|
| Date  | Location                                    |                             |
| To  | From  |                             |
| Program Manager Signature _____<br>(If this form is not e-mailed, signature of requestor is required.)  |   |                             |
| <b>Applicant Information</b>  |   |                             |
| Name  |   | Employee ID (if applicable) |
| Home Phone  | Work Phone                                  | Cell Phone                  |
| If current FCPS employee, indicate current position   |   | E-mail address              |
| Former FCPS employee? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |                             |
| FCPS Retiree? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, has one year separation been achieved? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                             |
| Position Requested  |   | Requested Start Date        |
| Examples: PE, History, Gr 1-3, Gr 4-6, Math, Coach, PTA/Booster, Temporary Hourly   |   | Supervisor Name             |
| Percentage of Employment  | Person Being Replaced (if applicable)       |                             |
| Contracted Position? <input type="checkbox"/> Yes <input type="checkbox"/> No   | If Hourly Position, Indicate Pay Band Level |                             |
| <b>TO BE COMPLETED BY DEPARTMENT OF HUMAN RESOURCES</b>   |   |                             |
| <b>Social Security Number (if new hire)</b>   |   | <b>Hire Date</b>            |
| <b>Items for completion:</b>  |   |                             |
| <input type="checkbox"/> Discrimination and Harassment Awareness Training (Hourly Only)   |   |                             |
| <input type="checkbox"/> Prevention of Sexual Misconduct and Abuse Training   |   |                             |
| <input type="checkbox"/> Fair Labor Standards Act Training  |   |                             |
| <input type="checkbox"/> Employment Eligibility (I-9) <input type="checkbox"/> Under Age 18   |   |                             |
| <input type="checkbox"/> Fingerprinting <input type="checkbox"/> Volunteer  |   |                             |
| <input type="checkbox"/> Photo Identification Badge   |   |                             |
| <b>(Expiration date for badge if applicable)</b> _____  |   |                             |
| <input type="checkbox"/> TB Test  |   |                             |
| <input type="checkbox"/> This person has been processed _____   |   |                             |
| Authorization Signature _____   |   | _____                       |
| Talent Acquisition and Management   |   | Date                        |
| Authorization Signature _____   |   | _____                       |
| Client Services   |   | Date                        |