

# Hiring Approval Form

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## SUBCONTRACTED CENTERS ONLY – CENTER DIRECTOR COMPLETES THIS PORTION:

New Hire's Name: \_\_\_\_\_ Center/Site: \_\_\_\_\_

Position: \_\_\_\_\_ Program:  HS  EHS  ECEAP

Meets required qualifications:  Yes  No Criminal Record Check:  Completed (evidence attached)  
 Conditional Hire (*Supervision Plan Form* attached)

This was an internal transfer. New Hire was currently employed by our agency when this position became available.

*I have reviewed the applicant's qualifications. The PSESD Hiring Procedure was followed. I am submitting this hire to Policy Council for approval.*

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Center Director Name (Print)	Center Director Signature	Date
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## INTERNAL PSESD HIRES ONLY – HIRING MANAGER COMPLETES THIS PORTION:

New Hire's Name: \_\_\_\_\_ Position: \_\_\_\_\_

*I have reviewed the applicant's qualifications. PSESD-required hiring processes were followed. I am submitting this hire to Policy Council for approval.*

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Hiring Manager Name (Print)	Hiring Manager Signature	Date
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## PARENT(S) COMPLETES THIS PORTION:

*I am/was an ECEAP, Head Start, or Early Head Start parent this school year or last school year or am an elected Policy Council Past Parent. I am not a staff member of this subcontractor. I participated in the interviewing and/or hiring process for the new employee named above and reviewed this form.*

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Parent name (Print)	Parent Signature	Date
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Parent name (Print)	Parent Signature	Date
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Optional Comments (e.g. applicant's qualifications, parent's impressions): \_\_\_\_\_

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Submit to Venissia Buyco: [vbuyco@psed.org](mailto:vbuyco@psed.org)

### POLICY COUNCIL COMPLETES THIS PORTION:

Approved by a majority vote at the Policy Council meeting held on the date below:

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Policy Council Chair or Designee Signature	Date
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