

WARREN COUNTY SCHOOLS
REQUEST FOR PRE-APPROVAL

Name of Person Recommended _____

Location/Department _____

Position/Title _____

Date Requested to begin _____

Reason for request _____

Principal/Director's Signature

Date

_____ PRE-APPROVAL REQUEST APPROVED	
_____ PRE-APPROVAL REQUEST DENIED	
_____ Superintendent's Signature	_____ Date

*The Personnel Action form must be submitted along with this form.