

ICAN County Staffing Request



Date of request: _____

County: _____

Staffing requested for: SNAP Ed EFNEP

Person initiating request: _____

Title: _____

Please describe what is needed:

Please describe why this position is necessary (be specific, i.e., who will they be teaching/reaching, what will be the consequences of not adding the position, what is the hiring timeline, where will they be housed, etc.):

Approvals:	Yes	No
1 st Level: ICAN Supervisor:		
2 nd Level: County Director:		
Budget Approval: ICAN Financial Specialist:		
3 rd Level: District Director:		
Final Approval: ICAN Director:		