

SECTION C. REQUEST FOR CTE PERMIT: *Completed by School Administrator for CTE Teacher*

Complete this section if this applicant meets the needs for the available CTE position at your school and email this form to Teacher Recruitment (teacher.recruitment@k12.hi.us).

Title of Advertised CTE Position

Position Number

School Name

Island

District/Complex

Name of Requesting School Administrator

Email Address

Phone Number

School Administrator Signature

Date

SECTION D. REVIEW OF DOCUMENTS: *Completed by Teacher Recruitment*

Complete review of all documents. If form is approved, sign and return a copy of the completed form including all attachments to HTSB. Send either by email to htsb@hawaii.gov or by mail to 650 Iwilei Road, Suite 268, Honolulu, HI 96817.

All required documents have been verified.

Applicant meets the requirements for a CTE Permit.

Both boxes must be checked before signing.

By signing this document, I verify the applicant meets the requirements and is recommended for a CTE Permit.

Name of Superintendent/Designee

Email Address

Phone Number

Superintendent/Designee Signature

Date