

CRITICAL SHORTAGE REQUEST FORM

For the Purpose of Employing Retirees

Directions:

1. Each **CONTIGUOUS** district must complete this form.
2. Each **CONTIGUOUS** district must request the same critical shortage discipline(s).
3. Each **CONTIGUOUS** district must provide all the required evidence for each of the critical shortage discipline(s) being identified.
4. The **CONTIGUOUS** districts must submit all the required evidence in one single submission packet to be considered a completed application.

District Name:

District Code:

District Contact:

Contact Phone:

Contact Email:

Superintendent Printed Name:

Superintendent Signature: _____

Contiguous Partner District(s) for this Request:

Date of Request:

Discipline(s) to be Added (include grade range, if applicable):

REQUIRED EVIDENCE OF SHORTAGE:

- Copy of Job Posting(s)
- # of Applications Received: _____
- # of Applicants Interviewed: _____
- Rationale for Not Hiring Applicants (if applicable):

Completed application can be submitted to MDE-EducatorHelp@Michigan.gov.

FOR INTERNAL USE ONLY:

MDE Reviewer:

Date Approval/Denial Letter Sent:

Date Received:

Date Added to List:

Date Reviewed: