



Center for Teacher Preparation & Partnerships
 Professional Studies Building, Rm. 203A
ctpp@njcu.edu 201-200-3015 voice 201-200-2334 fax

Workplace Request Form

_____ Department Chairperson approval*

This workplace request form verifies the employment of _____
 at the _____ school in the _____
 school district. The teacher candidate's current job title is _____.

This **request** will only be accommodated if the following provisions are met:

- 1) The candidate did not attend school in the district.
- 2) The candidate does not have a relative that is employed in the school district.

District support of a workplace request serves as acknowledgement of the following terms:

- The candidate's role and responsibilities as an employee must not interfere with, or interrupt the candidate's role and responsibilities as a clinical intern.
- The candidate will function exclusively as a clinical intern for the duration of clinical practice.
- The candidate will be assigned to an appropriately licensed highly qualified teacher.
- The candidate must always work under the direct supervision of the cooperating teacher while fulfilling clinical practice requirements.
- The candidate will not function as a lead or substitute teacher during clinical practice.

The district agrees to release the candidate from their current job responsibilities to meet College of Education criteria for clinical practice. For additional information, please refer to the electronic Clinical Practice Handbook, which can be viewed at www.njcu.edu/ctpp.

 Printed name and title of school administrator

 Signature of School Administrator

Date _____

School contact information: phone _____ email _____

CANDIDATE MUST COMPLETE THE FOLLOWING.

Name _____	Major _____
Clinical Practice I _____	Clinical Practice II _____
Semester & Year of workplace request _____	Gothic ID # _____

This form must be signed by the department chairperson prior to submission.