



# 2018-2019 LONG-TERM CST ASSIGNMENT REQUEST FORM

Please complete the following form to request long-term CST assignment services and fax or email to the Public CST Department Supervisor, Alan Kotzen at 609-702-9033/ akotzen@burlcoschools.org when your request is received, we will contact you to confirm and review.

District and School: \_\_\_\_\_

Name and Title of Requester: \_\_\_\_\_

Requester's Email: \_\_\_\_\_

Requester's Phone Number: \_\_\_\_\_

Desired Position: (Check all that apply)  Social Worker  Psychologist  LDTC

Anticipated Start Date: \_\_\_\_\_

Anticipated End Date: \_\_\_\_\_

Number of Days Requested Per Week: \_\_\_\_\_

Specific Days of the Week: \_\_\_\_\_

Work Hours Requested Per Day: (Start and End Time): \_\_\_\_\_

Description of Duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Child Study Team Director Signature

\_\_\_\_\_  
Date

**Educational Services Unit Use Only**

Assignment Date: \_\_\_\_\_  
FAX# 609-702-9033/ akotzen@burlcoschools.org  
ATTN: Alan Kotzen, Public CST Supervisor

CST Staff Member: \_\_\_\_\_