



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, Brooke Decker at 609-702-9033 / bdecker@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/ bdecker@burlcoschools.org
ATTN: Brooke Decker, Public CST Supervisor

CST Staff Member: _____