



DEPARTMENT OF EDUCATION
SPECIAL PROVISION FOR TEACHER HOUSING
REQUEST & AUTHORIZATION FORM

1. Original Requestor - Employee/Applicant Information

Applicant's Name: Request Date:
Position Title: Level (If any):
Assigned School / Office: Complex:
Current TH Complex: Cottage #:
Reside TH since:

Provide detailed request for special provision to reside in Teacher Housing:

Multiple horizontal lines for providing a detailed request.

Check if there is an attachment in this request.

2. Request Approver - School/Office Information

Approver's Name: Title:
Approver's School/Office: Phone:

Approved Disapproved

Signed by Requestor Date

Teacher Housing Program Use Only

Total # of SY in Housing (as of request date):

Approved Disapproved

Signed by TH Program Administrator Date