



PLAINFIELD PUBLIC SCHOOLS

District Department/Office Roster Form

Date _____

Cabinet Member: _____

Department Name: _____

Department Administrator/Head: _____

Total # of Staff: _____

of Administrators: _____

of Clerical/Support Staff: _____

NAME	POSITION/TITLE	PRIMARY FUNCTION/DUTIES

Submitted By: _____

Title: _____

Signature: _____

Date: _____