

WAYNE TOWNSHIP PUBLIC SCHOOL DISTRICT

Request to Transfer or Abolish and Create a New Position

Date of Request: _____ Request Submitted by: _____
(Name/Title)

Title of Position to Abolish: _____

Employee Previously Holding the Position to be Abolished: _____

Title of New Position: _____

If Special Education Position, list program: _____

____ Job Description Exists for this Position ____ New Job Description for this position attached

Building/Department _____

Supervisor of New Position: _____

Requested Effective Date of Position: _____

Full-Time _____ Part-Time _____ Indicate hours per week: _____

Permanent _____ Temporary _____ Indicate anticipated duration: _____

Rationale/Justification for Position: (If request is for a 1:1 para, include student name and 10 digit state ID number:

Approved: _____
Director/Department Administrator Date

Approved: _____
Business Administrator Date

Approved: _____
Superintendent Date

Business Office Use Only:

Old Position Control # _____ Old Position Account # _____

New Position Control # _____ New Position Account # _____

Approved: _____ Date: _____
Accountant

Job # _____