

WAYNE TOWNSHIP PUBLIC SCHOOL DISTRICT

Requisition to Create/Change a Position – PARAPROFESSIONALS ONLY

PARAPROFESSIONAL NAME:

NEW **Attached Job Posting Form** **CHANGE**

TRANSFER-Administrative Transfer From **ACCOUNT #**

TRANSFER-Employee Requested Transfer To **ACCOUNT #**

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

Title Position: _____ Job Description Exists New Job Description attached

Please check all that applies: 1:1 2:1 3:1 Classroom Diapering Stipend

Student Name *Student ID#* *State ID#*

Student Name *Student ID#* *State ID#*

Student Name *Student ID#* *State ID#*

School: _____ Grade: _____ Teacher/Para: _____ Additional Hours: _____

Requested Effective Date of Position: _____

Full-Time Part-Time Hours/Week _____ Permanent If temporary, duration _____

Rationale/Justification for Position/Change/Transfer:

Approved: _____
Director/Department Administrator Date

Approved: _____
Business Administrator Date

Approved: _____
Superintendent Date

HR Use Only: Position # _____

Date of Board Approval: _____ Date Activated: _____

Approved Title Assigned to Position: _____

Required Certification for Position: _____

COPY TO HR DEPT

COPY TO PAYROLL DEPT