

WAYNE TOWNSHIP PUBLIC SCHOOL DISTRICT

Request To Create a New Position

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

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: _____

IS THIS NEW POSITION INCLUDED IN YOUR CURRENT YEAR BUDGET ____ YES ____ NO

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

HR Use Only:

Position Control # _____ Certification Required: _____

Position Account # _____ Approved: _____
Business Administrator/Asst. Business Administrator

Date of BOE approval: _____ Date Activated: _____

Approved Title Assigned to Position: _____