

WAYNE TOWNSHIP PUBLIC SCHOOL DISTRICT

**Requisition to Create/Change a Position – PARAPROFESSIONALS ONLY**

**PARAPROFESSIONAL NAME:**

**NEW**    **Attached Job Posting Form**    **CHANGE**    **ADM TRANSFER**    **EE REQSTD TRANSFER**

**TRANSFER FROM**                      **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    Temporary duration \_\_\_\_\_

Rationale/Justification for Position/Transfer:

Approved: \_\_\_\_\_  
   Director/Department Administrator    Date

Approved: \_\_\_\_\_  
   Business Administrator    Date

Approved: \_\_\_\_\_  
   Superintendent    Date

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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**