

22-23

EVANGELINE PARISH SCHOOL SYSTEM
PERSONNEL DEPARTMENT REQUEST FOR STAFFING

(Full-time teacher, part-time teacher, tutor, support personnel, etc.)

SECTION I: (to be completed by principal/supervisor)

Location:		Effective Date:	
Employee Name:		Employee No.:	
Position:		Position Control No.:	
New Position	<input type="checkbox"/>	Funding Source Change	<input type="checkbox"/>
Appointment	<input type="checkbox"/>	Reclassify	<input type="checkbox"/>
Full-time (FT)	<input type="checkbox"/>	Grade Level :	
Ext. Employment	<input type="checkbox"/>	Old Source:	
Part-time (PT)	<input type="checkbox"/>	New Source:	
		Reclassification from:	
		Reclassification to:	
		In-parish transfer	<input type="checkbox"/>
		In-school transfer	<input type="checkbox"/>
		From:	
		To:	
Name of person being replaced (Full-time & In-parish transfer)			
For PT, Time frame involved (hrs/day; days/week; # of weeks)			
For PT, Beginning and ending Dates			
Interview Done	<input type="checkbox"/>	If interview conducted, name of Interviewer	
		Date of Interview	

Principal/Supervisor Signature	Date
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Once the above has been completed, submit this form to the Director/Supervisor in charge of the funding source for approval.

SECTION II: (to be completed by director/supervisor of program funding)

General Fund	<input type="checkbox"/>	Title II	<input type="checkbox"/>	CNP	<input type="checkbox"/>
Title I		Special Ed		PRE K	
School-wide	<input type="checkbox"/>	IDEA	<input type="checkbox"/>	8(g)	<input type="checkbox"/>
Administrative	<input type="checkbox"/>	General Fund	<input type="checkbox"/>	Title I	<input type="checkbox"/>
School Improvement	<input type="checkbox"/>	Medicaid	<input type="checkbox"/>	General Fund	<input type="checkbox"/>
Other (specify)				LA4 State	<input type="checkbox"/>
				LA4 Federal	<input type="checkbox"/>
Program Director/Supervisor Signature					
Date					

I have reviewed the recommendation for the position listed above and verify that current funding is available.

SECTION III: (Approvals)

Personnel Supervisor Signature	Date
Superintendent/Designee Signature	Date

SECTION IV: (Personnel and Accounting)

New general ledger code:		Fingerprints Cleared	
Years of Service:		Qualifications Checked	
Name change:		Certificated Teacher	
		(Certificate Number)	
		Education	
		Other Credential (circle one)	Praxis ACT Parapro
		Permission Completed	
		Shots (CNP)	
		Physical (CNP)	