Extended Day Programs/Internal Posting Request Form

All programs must go through the posting process and have Board approval before they can begin.

DATE:		
To:	•	ssistant Superintendent, Human Resources <u>OR</u> Director, Human Resources
From:		
Request a j	posting for:	Program Name
Funding So		f the Grant or General Fund
Send respo	onses to:	
<u>Staffing re</u>	quest: (please include all to	eachers, administrators, clerical, custodial and security)
Title	# of staff needed	Miscellaneous Info: (requirements)

Program Start Date and Times: please advise if orientation or training needs to be included

Start Date	End Date	Start Time	End Time

Orientation or training DATES & TIMES:

Miscellaneous information: (for example-type of program or services that are going to be provided):

Approved by:

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Rationale: (Why is the program needed?)

Objective:(What is the objective?)

Target Group: (What group will be targeted?)