## **Extended Day Programs/Internal Posting Request Form**

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

DATE:						
То:	Mary Ellen Leimer, Interim Assistant Superintendent, Human Resources					
From:						
Request a pos	ting for:	P	rogram Name			
Funding Sour	rce:	Name of	the Grant or General Fund			
Send response						
Staffing reque			achers, administrators, clerical, custodial and security)			
Title	# of s	taff 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?)**