



ST. PAUL'S RCSSD #20
STAFF REQUEST FOR CHANGE IN PLACEMENT/ASSIGNMENT

NAME: _____ WORK LOCATION: _____

TEACHER SUPPORT SERVICE OUT OF SCOPE

PLACEMENTS IN SCHOOL DIVISION (BEGIN WITH PRESENT PLACEMENT)

<u>Work Location</u>	<u>Assignment</u>	<u>No. Of Years</u>	<u>Time (% or hours)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SPECIALIZED SUBJECTS AND/OR EDUCATION/TRAINING (WITH CERTIFICATES):

SPECIAL INTERESTS, SKILLS AND/OR ABILITIES:

REQUESTED CHANGES:

A) CHANGE IN PLACEMENT – PREFERENCES

ASSIGNMENT(S): _____

WORK LOCATION(S): _____

B) INCREASE OR DECREASE IN TIME: _____

C) OTHER CHANGES: _____

COMMENTS AND/OR ADDITION INFORMATION:

DATE: _____

SIGNATURE: _____

PLEASE FORWARD THIS REQUEST TO THE DESIGNATED SUPERINTENDENT