



**POSITION CONTROL CERTIFICATED AND NON-CERTIFICATED STAFFING CHANGE REQUEST**

**SEND COMPLETED FORM TO EDUCATION SERVICES IMMEDIATELY UPON ANY CHANGES**

**This form is required for one or more of the following changes:**

- ◆ Grade/Curriculum Change (Secondary – includes amount of FTE per curriculum)
- ◆ Paraprofessional Pay Grade Change (01 or 02)
- ◆ Funding Source/Account Number Change including Grant Fund Changes
- ◆ Position change requiring a redefinition or reclassification

**School/Program** \_\_\_\_\_

**Current Position Control #** \_\_\_\_\_ **FTE of Current Position** \_\_\_\_\_

**Employee Name** \_\_\_\_\_ **Employee ID #** \_\_\_\_\_

**Effective Date** \_\_\_\_\_

**Elementary - Grade and Curriculum Required**  
**Secondary – Grade, Curriculum and % of Teaching Time Required**

Grade Assignment \_\_\_\_\_ Curriculum \_\_\_\_\_ % Teaching Time \_\_\_\_\_

Grade Assignment \_\_\_\_\_ Curriculum \_\_\_\_\_ % Teaching Time \_\_\_\_\_

Grade Assignment \_\_\_\_\_ Curriculum \_\_\_\_\_ % Teaching Time \_\_\_\_\_

**Paraprofessional Pay Grade**

**Indicate pay grade 01** \_\_\_\_\_ **or 02** \_\_\_\_\_

Intensive Needs pay grade 02 designation includes duties of one or more of the following conditions as required by the IEP and performed on a regular basis:

- ◆ Toileting
- ◆ Lifting

**NOTE: Attach pages of student(s) IEP indicating intensive need for pay grade 02 justification.**

**GRANT FUNDING SOURCE**

Indicate account number for grant funding source: \_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**SEND COMPLETED FORM TO EDUCATION SERVICES UPON COMPLETION**

**E-mail of signed scanned form is acceptable.**