

Request for Additional Para Time or Additional Para

Requested by _____ on _____ at _____
Supervising Teacher Date District or Building

Request for Additional Para Time

Name of Para: _____

Current Weekly Contracted Hours: _____

Additional Hours Requested per Week: _____

Time Requested is: temporary ____ or permanent ____

If temporary: Date(s) affected: _____

If permanent: Beginning date: _____

Reason: _____

Additional time is: Approved ____ Not approved ____

Principal's Signature _____ Date _____

Request for Additional Para

An additional para is being requested for:

_____ hours per day, _____ days per week, for a total of

_____ hours per week beginning _____

This para is requested because of the following:

Additional para is: Approved ____ Not approved ____

Principal's Signature _____ Date _____

The additional time requested is: Approved ____ Not Approved ____

Explanation: _____

MCSEC Director's Signature _____ Date _____