

### REQUEST FOR AN ADDITIONAL STAFFING UNIT

**Position Requested:** \_\_\_\_\_

**Recommended Pay Grade:** \_\_\_\_\_

**Check one:** Professional \_\_\_\_ Paraprofessional \_\_\_\_ Auxiliary \_\_\_\_ **Number of days:** \_\_\_\_\_

Funding Source: General Operating Fund \_\_\_\_ Special Revenue Funds \_\_\_\_ Grant \_\_\_\_

If grant or special funds, indicate source of funding:

To whom will this position report? \_\_\_\_\_

List any other costs associated with the change. (Ex. Furniture, equipment, cell phone stipend, etc.)

Space Currently Available: Yes \_\_\_\_ No \_\_\_\_ Location: \_\_\_\_\_

**Attach the following with the request:**

1. Attach a statement from the supervisor describing the justification for the staffing request.
2. Attach the *proposed* job description for the new position.

**Submit All Documents Electronically to the Chief Human Resources Officer.**

Printed Name/Signature of Requestor	Date
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Printed Name/Signature of Requestor's Supervisor	Date
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Printed Name/Signature of Deputy Supt. and/or Chief Officer	Date
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**APPROVED for Consideration by Superintendent's Leadership Team:** \_\_\_\_\_

**APPROVED by Supt. Leadership Team to present to Board for approval:** \_\_\_\_\_

**DENIED by Leadership Team** \_\_\_\_\_ **Reason:** \_\_\_\_\_

Chief Human Resources Officer Signature	Date
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***\*Please note that all additional positions require Board approval.***

***\*Review DC (LOCAL) Administrative Regulation***