

REQUEST FOR AIDE EXTENDED TIME AGREEMENT

NAME: _____

SCHOOL: _____ EFFECTIVE DATE: _____

DUTY TIME AM: _____ DUTY TIME PM: _____

DESCRIPTION AND LOCATION OF NEED:

ANTICIPATED TIME REQUIRED: ___15 min ___30 min ___45 min ___60 min ___75 min
___90 min ___105 min ___120 min ___135 min ___150 min

NUMBER OF STUDENTS SUPERVISED DURING EXTENDED TIME: AM _____ PM _____

TRANSPORTATION RELATED _____ BUS # _____

AIDE'S DAILY SCHEDULE MUST BE ATTACHED.

REQUESTED BY: _____, PRINCIPAL Date: _____

SEND YOUR COMPLETED REQUEST FORM TO YOUR EXECUTIVE DIRECTOR, OR IF THE AIDE IS ASSIGNED TO
SPECIAL EDUCATION, SEND REQUEST TO THE DIRECTOR OF SPECIAL EDUCATION.

DATE _____, EXECUTIVE DIRECTOR

DATE _____, SPECIAL EDUCATION DIRECTOR

DATE _____, TREASURER

DATE _____, DEPUTY SUPERINTENDENT

DATE _____, SUPERINTENDENT