

Request for Increase/Decrease in Paraeducator's Hours

Date: _____ School: _____ Teacher(s): _____

Name of Paraeducator needing the increase/decrease in hours: _____

Request for Increase in Hours: _____ Request for Decrease in Hours: _____

Current number of hours the Paraeducator is contracted to work: _____

Requested number of hours the Paraeducator will be working: _____

Brief description of the conditions that prompted this request:

How will this para be utilized? BE SPECIFIC:

Time	Para Location	Para Duties/Students being served (include only IEP requirements)	Required by IEP? Y/N

Attach all relevant schedules: teacher and other paras using same format as above

Need for position verified by:

Keystone Admin

Building Principal

District Superintendent

Effective date of this request: _____