

## FORM 441- Extended School Year Staffing Request

The information provided below will be used to issue contracts for individuals carrying out ESY services. Staffing requests are to be submitted to the NCKSEC office no later than APRIL 15. A separate Form 441 must be submitted for each individual providing ESY services.

Name: \_\_\_\_\_

Position:    Teacher        OT        PT        SLP        Paraeducator        Other \_\_\_\_\_

Supervising Certified Staff (required for paraeducators): \_\_\_\_\_

Any Staffing Request submitted for a paraeducator must be accompanied by a Staffing Request for a Supervising Certified Staff.

Certified staff supervising a paraeducator must:

- develop the program
- directly observe the program at least once
- complete a written summary of the program after the program is completed

Certified Teacher/SLP = \$30/Hr;    Para = \$15/Hr;    OT/PT = Contracted wage/Hr

Student Name(s) (List all students you will be carrying out ESY services for) :

---

---

---

USD: (List all districts you will be carrying out ESY services for) \_\_\_\_\_

Start Date: (Indicate the first day you will work carrying out ESY services) \_\_\_\_\_

End Date: (Indicate the last day you will work carrying out ESY services) \_\_\_\_\_

Total ESY Service Time ( to the ¼ hour):

(Indicate the total amount of time you will work carrying out ESY services) \_\_\_\_\_

Estimated Travel for ESY:

(Indicate the total number of reimbursable miles you will travel carrying out ESY services) \_\_\_\_\_

Superintendent Initials \_\_\_\_\_