

**South Colonie Central Schools
Recommendation For Appointment
of Support Personnel**

Name _____

Address _____

Title of proposed appointment: _____

Current Location: _____

New Position/Created: _____

Replacing: _____

Reason for replacing: _____

Effective date of appointment: _____

Schedule and Step _____

Rate per hour _____

Number of hours per day _____

From _____ to _____

26 Week Probationary Period from _____ to _____

Type of Position:	Please check one of the necessary qualifications for School Monitor:
Probationary _____	4 year undergraduate degree or _____
Temporary from _____ to _____	2 year undergraduate degree or _____
Substitute _____	48 undergraduate hours or _____
Provisional _____	NYS Paraprofessional State Exam _____
undergraduate hours or _____	or District Local exam successfully completed. _____

Recommended by: _____

Agenda Date: _____