

EXTENDED EMPLOYMENT REQUEST

Date of Original Request: _____

BERGEN COUNTY School Year:			Date of Revised Request:	
Applicant Name: Applicant Title:				
Applicant Program:				
POSTING NUMBER: (if applicable) Dates of Extended Employment		:		
Requested Position:				
METHOD OF PAYMENT: (please check <u>one</u>)		ACTIVITY: (please check one)		
Per Diem Maximum Number of Days:	Maximum Number of Days:		Curriculum	
Hourly Maximum Number of Hours:	Hourly Rate: \$		Grants	
			Interpreting	
Completion of Project Total Dollar Amount for Completion of Project: \$			Program Facilitation	
PROGRAM APPROVAL: YES NO (If YES, forward to CO Administrator; if NO return to Applicant)			Staff Development/Inservice	
			Other	
Signature of Program/Project Administrator	Date	If "Other" please explain	:	
PLEASE NOTE: The above information must be complete to obtain the CO approval.				
CENTRAL OFFICE APPROVAL:				
I hereby certify that the above information is accurate, sufficient funding is available in the budget and this information is ready to be forwarded to the Board of Education.				
YES NO Director of Instruction Signature:		Date:		
Superintendent Signature:		Date:		