## WAYLAND PUBLIC SCHOOLS Wayland, Massachusetts 01778

## PERSONNEL AUTHORIZATION FORM

All staff recruitment must be carried out in compliance with relevant laws, regulations, contractual provisions, School Committee policies, and administrative procedures.

SECTION A: POSTING & CHANGE OF HOURS NOTIFICATION (TO BE COMPLETED BY THE PRINCIPAL/ADMINISTRATOR AND SUBMITTED TO THE ASSISTANT SUPERINTENDENT'S OFFICE)

This section is to be completed by the principal/administrator where the vacancy exists or will exist. *No posting or change of hours will be done without completion of Section A of this form.* Recruitment cannot begin until a vacancy has been properly posted in compliance with collective bargaining provisions. Signature of the principal/administrator constitutes official confirmation that appropriate notification has been officially sent to or has been received from the staff member assigned to the position listed below. Letters submitted to the principal/administrator should be attached to this form.

Position:			School:
Start Date (or Date of Change):		End Date (if applicable):  Last day for staff in June  End of day on	
Post:	Note: CBAs require in-house posting of vacant positions. In-house posting not required for temporary positions.		
Type of Position:			
☐ Full-Time	☐ Full-Time ☐ Stipend Position		☐ Long-Term Substitute (8 weeks +)
☐ Part-Time	☐ Short-Term Substitute (3-8 weeks)		☐ Full-Year Substitute
Reason for Vacancy or Change:			
☐ New Position	☐ Transfer	☐ Retirement	☐ Increase in Hours or FTE
☐ Leave of Absence	☐ Resignation	☐ Termination	☐ Decrease in Hours or FTE
If new position or change in hours, provide justification:			
Name of staff member being replaced or staff member with change in hours/FTE:			
Hours Per Week or FTE for this position:			
If applicable, change in:			
☐ Annual FTE	from to		
☐ Hours Per We			
Special Skills Required (if applicable):			
Total Budgeted FTE:		Total Budgeted Annual Salary: \$	
Funding Source:	FTE:	MUNIS Account	#:
Funding Source:	FTE:	MUNIS Account	#:
Signature of Principal/Administrator:		Date:	
Signature of Assistant Superintende	ent:		Date:

PAYROLL AUTHORIZATION (TO BE COMPLETED BY HUMAN RESOURCES) **Employee Name: Effective Date:** Action (check one): ☐ New Employee ☐ Rehire ☐ Category/Step Change ☐ Contract Revision Group (complete appropriate section below): □ WTA ☐ Bachelor's ☐ B+15 ☐ Master's ☐ M+30 ☐ M+60 ☐ M+75 Lane: O1 O2 O3 O4 O5 O6 O7 O8 O9 O10 O11 O12 O13 O14 O15 Step: ☐ WESA **1** 2 **3 5** Category:  $O_1$ O2 O3 O4 O5 O6 O7 0.8 Step: □ Custodians Category: ☐ I-Custodian, Nights ☐ I-Custodian, Days ☐ I-Custodian, Overnight I-Custodian, Night Foreman ☐ II-Custodian-Head (Elementary) ☐ III-Custodian-Head (MS&TH) ☐ IV-Custodian-Head (HS) ■ IV-Custodian-Head (HS-Days) ☐ V-Maintenance ☐ State License Step: O Probation O 1 O 2 O 3 O MAX ☐ Food Service ☐ Food Service Worker-HS Category: ☐ Food Service Worker- Elem/MS ☐ Elementary Kitchen Manager ☐ Lead Food Service Worker-MS ☐ Lead Food Service Worker-HS ☐ Secondary Schools Kitchens Manager ☐ Substitutes Step: O 1 O 2 **O** 3 **O** 4 ☐ Non-Union Annual Salary: \$\_\_\_\_\_ # Hours Per Week \_\_\_\_\_\_ @ \$\_\_\_\_\_ Per Hour - or -☐ Stipend Total Stipend: \$ Number of payment installments: □ Temporary Teacher Daily Rate: \$\_\_\_\_ - and -# Transition Days @ \$120 Per Day ☐ Temporary Teacher Assistant # Hours Per Week \_\_\_\_\_\_ @ \$\_\_\_\_\_ Per Hour Daily Rate: \$\_\_\_\_ □ Temporary Other: - or -# Hours Per Week \_\_\_\_\_ @ \$\_\_\_\_ Per Hour Special Conditions of Employment (if any): Signature of Human Resources Director: Date: SECTION C: FUNDING AUTHORIZATION (TO BE COMPLETED BY HUMAN RESOURCES AND BUSINESS OFFICE) Budgeted FTE: **Budgeted Annual Salary: \$** Actual FTE: Actual Annual Salary: \$ Funding Source: FTF: MUNIS Account #: Amount: \$ Funding Source: FTE: MUNIS Account #: Amount: \$ Signature of Business Administrator: Date: