

**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 \_\_\_\_\_

<b>Type of Position:</b>	<b>Please check one of the necessary qualifications for School Monitor:</b>
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: \_\_\_\_\_