



Maskwacis Education Schools Commission



Personnel Request Form for New Positions

Instructions:

1. Use the space below to fill in the appropriate information.
 2. Ensure a job description is attached.
 3. To submit the form, copy this document and e-mail it to sanilamehal@maskwacised.ca.
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School/Site:

- EHPEWAHAPAHK ALTERNATE SCHOOL
- ERMINESKIN KINDERGARTEN SCHOOL
- ERMINESKIN ELEMENTARY SCHOOL
- ERMINESKIN JR SR HIGH SCHOOL
- GRACE MARIE SWAMPY MEMORIAL PRIMARY SCHOOL
- KISIPATNAHK SCHOOL
- MASKWACIS OUTREACH SCHOOL
- MESKANAHK KA NIPA WIT SCHOOL
- MIMIW SAKAHIKAN SCHOOL
- NIPISIHKOPAHK ELEMENTARY SCHOOL
- NIPISIHKOPAHK SECONDARY SCHOOL
- CORPORATE SERVICES
- BUSINESS SERVICES
- LEARNING SERVICES
- PEOPLE SERVICES
- SUPERINTENDENT'S OFFICE

Employee's Supervisor: _____

Position: _____

Employment Status Recommended:

- Continuing
- Temporary
 - From _____ to _____
- Full-time
- Part-time

Position Required:

- As soon as possible
- Within one month
- Within 6 months
- Within one year

Budget Cost:

- Base salary _____
- Pension and benefit cost _____
- Total _____
- How is the cost for this position being accommodated in the budget _____

Additional Information: Be detailed as possible and provide additional documentation if needed:

Attach job description:

<p>Student Services This section to be completed in collaboration with Student Services</p> <p>If this position is related to inclusive learning please complete the following information :</p> <p>Student name _____</p> <p>Student need _____</p> <p>Student diagnosis _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Submission for request approved by Student Services</p> <p>Signature _____</p>

Learning Services This section to be completed in collaboration with Learning Services

If this position is related to programming, please complete the following information

Submission for request approved by Learning Services

Signature _____

Submitted by: _____

Date: _____

BUSINESS SERVICES BRANCH USE ONLY:

Request Approved

Request Denied

Comments _____

Salary Grid _____

Date _____

Signature _____

PEOPLE SERVICES BRANCH USE ONLY:

Request Approved

Request Denied

Comments _____

Date _____

Signature _____