Check all that apply: This position or Title 1 Budget origin in New Hire	s form must be completed for ALI i.e., school, federal program direc Rehire	L Title 1 Employees regard tor, PK.	slless of Sch	ool Year:	
Assignment Change (Attach Request for Assignment and/or Fund Change Form)					
Fund Change (At	tach Request for Assigni	ment and/or Fund (Change Form)		
Request for Title 1 Staff Placement					
School	Employee Name	Certificate #	Employee Identification Number (EIN)	Proposed Job Assignment	Highly Qualified Area
Fund Charged: Title 1, Part A Fund #					
This form is to be completed for every person in – or being recommended to fill - a position funded through Title 1. <i>All signatures must be obtained before placement can be made.</i>					
 I certify that: This teacher is certified in Louisiana or the paraprofessional is highly qualified per ESSA. This teacher/paraprofessional will be assigned in a core academic area or Pre-K only. This teacher/paraprofessional will not be reassigned within the school (another grade, class, or subject) without written permission of Title 1 Director prior to placement. (Request must be submitted in writing.) This teacher/paraprofessional is aware this is a one-year position. Further employment in this position is dependent on external funding. This position will "supplement, not supplant" district services. This employee will use different strategies and materials than those used by employees funded through General Fund. 					
2. Certification Specia	and forward to Certifice re / Date list's Signature / Date		ho will send to	the Funding Direct	tor to approve.
3. Title 1 Director's Signature / Date					
Revised August 2022 Staffing Administrator: Upon placement, send copy of this form to Beverly W. Cole, Title 1 Director or fax to 631-9001.					
Staff Administrator			ate Placed		

THIS FORM MUST BE COMPLETED FOR ALL TITLE 1 EMPLOYEES REGARDLESS OF POSITION OR TITLE 1 BUDGET.