

# Notification of Assignment/Hours Paraeducators



Office of Human Resources and Development  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland

**MCPS Form 447-6-PARA  
March 2017**

TO \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
*Employee Name* *Employee ID #* *Date*

---

\_\_\_\_\_ FROM (Principal/Supervisor—Print or Type Name) \_\_\_\_\_  
*Employee Base School/Location (Name & No.)* *Initial*

Your principal/supervisor is required to notify you of a change in the number of hours you work biweekly and/or in your job title prior to the initiation of the involuntary transfer process, or when a reduction in hours is implemented. The change(s), as shown below, may affect you in terms of the Montgomery County Public Schools' employee benefit program.

<b>FROM (CURRENT)</b>		<b>TO (CHANGE)</b>	
Hours	Job Title	Hours	Job Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Effective Date of Change**    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**CHECK REASON:** To indicate the reason for making a change of assigned hours, or the involuntary transfer of a staff member, enter the appropriate change code from the list below in the "Change Code" column of the Online Paraeducator Staffing Grid. If involuntary transfer, also check the involuntary transfer box on the Staffing Grid.

- V—Voluntary** Requested by employee
- S—Student Needs Unable** (willingness, skills, preference, other) to perform tasks necessary to support students in this program
- M—Medical Needs** Lacks medical training/skills necessary to support students in this program
- B—Balanced Staffing** In order to perform personal care duties based on alignment with student gender
- LN—Language Needs** Lacks skills necessary to communicate with non-English speakers/American Sign Lang/Cued Speech
- P—Program/Account Change** Shift into different program/account to maintain hours
- O—Operational Needs** Reduction of hours necessary to maintain program or activity
- LS—Least Senior**
- H—Hours Increased**
- T—Temp Part-Time**

I have been informed of the change in my assignment, as noted above. For further information regarding my employee benefits, including retirement, I am to contact Employee and Retiree Services Center (ERSC), 301-517-8100, and if necessary, obtain appropriate forms for signature.

\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
*Signature, Employee* *Date*