



# Westport Community Schools

## EXTENDED DAY Personnel Action Form **Date:** \_\_\_\_\_

### Applicant Information

Employee Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Replacing: \_\_\_\_\_

School: \_\_\_\_\_ Lead Staff: \_\_\_\_\_

Start Date: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

First Aid Number \_\_\_\_\_ Internal Applicant  
CPR Certification \_\_\_\_\_ (WFT, Rehire,  
AFSCME): \_\_\_\_\_

### Stipends

Hourly Rate: **\$11.00** Lead Teacher Rate: **\$13.00**

\_\_\_\_\_  
*Date*

COMMENTS: