



45 DAY CONSULTANT REQUEST 2019-2020

Instructions: Complete sections 1 and 2 (use a different form for each program/project) and send to the Research Department.

SECTION 1: Requestor Information

Date Site/School

Requestor's Name Requestor's Title

Contact Phone Contact e-mail

SECTION 2: Assignment Details

CAASPP ELPAC i-Ready AP Other/Dept:

Date of training provided by site: Time: Hour(s) per day

Date of Assignment: Time: Hour(s) per day

Describe how the consultant will assist with the assignment (description must align with 45 day consultant guidelines):

Additional Notes/Special Requests:

45 Day Consultant Guidelines:

- Consultants' work assignment is on behalf of the District
- Consultants should only work in a supporting role (not as a substitute teacher, program coordinator, etc.)
- If assignment(s) change from the original request, notify the Research Department for approval.
- Consultants' working hours: 1 day at **school site is 6 hours**; 1 day at a **department is 8 hours**.

Consultants will receive their assignment from the Research Department; please **do not independently arrange placement with the 45 day consultants** SECTION 3: To Be Completed by the Research Department

Date Request Received:

Approved Denied Initials: _____ Date: _____ Notes: _____

Consultant	Contact	Research Confirmed	Consultant	Contact	Research Confirmed
		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N

Confirmation sent to Requestor: E-mail Phone Fax Mail Initial & Date: _____