**Title I, Part C-Education of Migratory Children**

**Request for Approval for Local MEP Funded Certified Teacher or Staff**

**In order for the Title I, Part C-Education of Migratory Children to consider the hiring of a local certified teacher or staff, the LEA must provide written documentation and justification prior to a certified individual being hired and paid by the local school district with MEP funds (full-time or part-time).**

School District: Click here to enter text.

Prior year MEP Eligible participants: Click here to enter text.   
Projected MEP Eligible participants: Click here to enter text.

Current MEP funding: $Click here to enter text.

Current number of Priority for Service (PFS) students (include PFS-Out of School Youth): Click here to enter text.

Current number of Non-PFS students: Click here to enter text.

Describe how hiring of a certified teacher comports to the local CNA results and describe how and why the current staff duties and responsibilities have changed or will change from a para-professional to a certified teacher position: Click here to enter text.

Provide job description for current staff. (Attach document)

Provide job description for new certified teacher or staff position. (Attach document)

Provide a draft weekly schedule for this new certified teacher or staff position. (Attach document)

Certified teacher position will be:  **Full time;**  **Part time;** Is position 100% MEP funded? Yes;  No

If not 100% MEP funded, please explain: Click here to enter text.

Proposed salary and benefits for this position (include rate of pay and/or contracted hours) total salary and benefits: Click here to enter text. MEP funded %-$: Click here to enter text. Other %-$: Click here to enter text.

Who will observe certified teacher or staff performance? Click here to enter text. How often? Click here to enter text.

List and describe the daily duties and responsibilities: Click here to enter text.

Submitted to GaDOE MEP regional office by: Click here to enter text. Date: Click here to enter text.

Phone: Click here to enter text. Email Address: Click here to enter text.

**Approved by: GaDOE MEP Regional Coordinator:** Click here to enter text. **Date:** Click here to enter text.

**Approved by: GaDOE MEP Program Manager:** Click here to enter text. **Date:** Click here to enter text.