

Mecosta-Osceola Personnel Cooperative Advisory Council

MOP Co-Op Position Recommendation Form

DISTRICT INITIATING REQUEST:

New Position? YES (Provide a job description/duties of the position preferably an electronic version) Box Replacement for	POSITION REQUESTED:		
description/duties, preferably an electronic version) District(s) Interested:	New Position? Stepsing VES (Provide a job description/duties of the position preferably an electronic version)		
District(s) Interested:		· _	
Future Implications:			
Cost Projections (i.e. labor/salary/benefits/materials/equipment): Requested Start Date:	District(s) Interested:		
Requested Start Date:	·		
Indefinite With possibility of extension % Time Fixed / Variablehours/daydays/weekhours/week Schedule (i.e., 8-5, Monday-Friday) or or Person who will be the on-site Supervisor:			
Schedule (i.e., 8-5, Monday-Friday) or to be discussed Person who will be the on-site Supervisor:	Requested Start Date:// End		
Person who will be the on-site Supervisor:	% Time D Fixed / D Variablehours/day	days/weekhours/week	
Work Location(s):	Schedule (i.e., 8-5, Monday-Friday)	or D to be discussed	
Other Pertinent Information: If this is an urgent need and you have identified a candidate to be hired, please be prepared to discuss the following information with MOP Co-Op Director (or designee) in order to determine if limited non-recruitment is appropriate and will be approved: 1. Reason/justification for not running an open recruitment at this time and consequences if left unfilled until openly recruited? 2. How was candidate identified and selected? 3. Candidate's unique qualifications? 4. Need for position: Short-term (500 hours or less) or long-term (more than 500 hours); possibility of extension? Requested By: Contact Information: Phone ()ExtensionE-Mail Requesting Superintendent's Signature Date Approved by Local District Superintendent on	Person who will be the on-site Supervisor:		
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Requested By: Contact Information: Phone () Extension E-Mail Requesting Superintendent's Signature Date Approved by Local District Superintendent on Received by MOISD Superintendent/MOP Co-Op Director on Reviewed by MOP Co-Op Advisory Council on Reviewed by MOP Co-Op Advisory Council on Advisory Council Approved & Recommended to MOISD Board of Education	3. Candidate's unique qualifications?		
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Approved by Local District Superintendent on	Contact Information: Phone ()Extension	E-Mail	
Received by MOISD Superintendent/MOP Co-Op Director on Reviewed by MOP Co-Op Advisory Council on Advisory Council Approved & Recommended to MOISD Board of Education Advisory Council Denied	Requesting Superintendent's Signature	Date	
Reviewed by MOP Co-Op Advisory Council on	Approved by Local District Superintendent on		
Advisory Council Approved & Recommended to MOISD Board of Education	Received by MOISD Superintendent/MOP Co-Op Director on		
Reviewed by MUISD Board of Education on		,	
Approved by MOISD Board of Education Denied by MOISD Board of Education			

c: Requesting Superintendent/Director of Finance and MOISD Director of Finance