## GLASSBORO SCHOOL DISTRICT

## **Board Action Request**

| Date Submitted: <b>3.29.2023</b>  | Proposed Effective         | re Date: 6/30/2022              | Grade(s) impacted: 9-12                   |
|---|----------------------------|---------------------------------|---|
| Name:  GHS Guidance   | Position/Item: Summer Work | Submitted By: Dr. Stowman-Burke | Building:<br><b>High School</b>           |
| Proposed cost/amount:   | Funded through: Local      | Hours/Days per wk.:             | Benefits: □Yes □No                        |
| Personnel:<br>Is candidate currently emplo<br>Is candidate a former employ<br>Check references/review dis | yee: □No □Yes □            | l N/A                           | ition: )                                  |
| Board Action Requested:   |                            |                                 |   |
| Recommend the following s   | summer hours be ap         | proved for high school gui      | dance counselors:                         |
| Marybeth Ragozzino- 15 da<br>Melissa Ullom - 10 days  | ys.                        |                                 |   |
| Note – Counselors will be p   | aid a daily rate base      | ed on their agreed upon yea     | arly salary.                              |
| The employees are vital to the grades, programming studer   |                            |                                 | 30 <sup>th</sup> . Work entails reviewing |
|   |                            |                                 |   |
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| R OFFICE USE ONLY:  |                            |                                 |   |
| ard Date:   | Δnnrove                    | ed: V or N In                   | dev #*                                    |

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| Board Action Requested:   |                            |                                 |                                 |
| Recommend Board approva   | l for summer hours         | as follows:                     |                                 |
| Erin Perewiznyk (School N   | urse): Four (4) days       | at per diem rate.               |                                 |
| This request is due to the ne   | ed to process sports       | s physicals.                    |                                 |
|   |                            |                                 |                                 |
| OR OFFICE USE ONLY:   |                            |                                 |                                 |
| oard Date   | <b>A</b>                   | ed: V or N                      | Inday #:                        |