

Arlington Central School District
Office of Human Resources

Recommendation/Change Form for Teaching Assistants

Teaching Assistant Name: _____

Building: _____

Replacement for: _____

Effective Date of Hire or Change: ____/____/____

Part A

☐ **Salaried Teaching Assistant**
(Secondary only, 40 hrs/wk)

Total Hours
Including Lunch

☐ 40.0

☐ **Part-time Contractual Teaching Assistant**

☐ 37.5

☐ 35.0

☐ 32.5

☐ 30.0

☐ 27.5

☐ 25.0

☐ **Hourly Teaching Assistant**
(Less than or equal to 20 hours per week)

Part B

Area of Employment

Number of Hours per Week

General Ed:

Special Ed:

Health Aide:

Name of Student(s):

One-to-One Special Ed:

Name of Student(s):

TOTAL HOURS WEEKLY

This number should equal total hours from Part A

Principal's Signature