





Date submitted:

There are situations when permanent employees have the needed qualifications for a position, but the KSDE system does not accept them as submitted. This form is to provide additional information in order that KSDE may determine eligibility for reimbursement. Local position numbers and KSDE ID numbers are needed to apply the hand approval in the CAPS system.

LEA (District/Coop/Interlocal) Name:		LEA #:		
Request submitted by:		Phone:	Email:	
Position Information	Summer Session 🗆	Dogular	Cossion	
.	Summer Session		Session	
Position type:			ocal Position # in CAPS:	
Area (2 digit code):	Lower Level:	L	lpper Level:	
Location (Name of Building(s) or "li	tinerent"):			
Required endorsement/License/	′Certification for the p	osition (can b	e completed by KSDE):	
Person needing Hand Approv KSDE ID # (NOT SSN):	al			
Person's Name:				
Endorsement/License/Certification held by personnel:				
Why is this person qualified for t	:he position:			
	·			
KSDE ONLY Comments:				
Comments.				
Approved:	Date:			
Length of approval:	☐ Permane	ent (does not need to b	e resubmitted)	Rev 2/21/2020