

## ATTACHMENT E

### Personnel Assignment for 2020-2021 Title III-English Language Acquisition (ELA) Grant Language Enrichment Camp for English Language Learners (ELLs)

**Directions:**

1. Complete the information requested for each subject area, i.e., teacher's name, employee number, room number, days of the week, and time. **Make sure to type the days of the week in which enrichment will be provided.**
2. List, if any, the name(s) of the teacher(s) who will be used as substitutes including the employee number(s) and area(s) of certification.
3. Teachers are to be paid \$30.00 per hour at the end of each month, and must complete a Teacher Voluntary Compensation Agreement Form.
4. **Upload** the completed form to <http://www.broward.k12.fl.us/esol/lec/index.asp>.

*You may use multiple copies of this form if additional tutors will be assigned.*

**School:** \_\_\_\_\_ **WL#:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Principal's name:** \_\_\_\_\_

(Please print)

**LEC Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

(Please print)

**Subject:** \_\_\_\_\_

**Teacher's name:** \_\_\_\_\_ **Employee #:** \_\_\_\_\_

**Certified in:** \_\_\_\_\_ **Room #:** \_\_\_\_\_ **Time(s):** \_\_\_\_\_

**Type days of the week tutoring will be provided:** \_\_\_\_\_

**Subject:** \_\_\_\_\_

**Teacher's name:** \_\_\_\_\_ **Employee #:** \_\_\_\_\_

**Certified in:** \_\_\_\_\_ **Room #:** \_\_\_\_\_ **Time(s):** \_\_\_\_\_

**Type days of the week tutoring will be provided:** \_\_\_\_\_

**Subject:** \_\_\_\_\_

**Teacher's name:** \_\_\_\_\_ **Employee #:** \_\_\_\_\_

**Certified in:** \_\_\_\_\_ **Room #:** \_\_\_\_\_ **Time(s):** \_\_\_\_\_

**Type days of the week tutoring will be provided:** \_\_\_\_\_

**Substitute Teacher(s):**

**Employee #:**

**Certified in:**

\_\_\_\_\_

\_\_\_\_\_

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I certify that the above information is correct. Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's signature