

# Ithaca City School District

Internal Change Recommendation

**Lehman Alternative Community School ... Additional Hours (Special Education) ... 20\_\_-20\_\_**

Name	Posit'n	Hrs /wk	Reason (student's initials only)	Effective date	End date	Budget code	Pos. Code

\_\_\_\_\_  
Principal Date

\_\_\_\_\_  
Director Date

\_\_\_\_\_  
Business Office Date

\_\_\_\_\_  
Human Resources Date