



Requesting a FOPA (For Purpose of Assignment)

Revised 8/12/16

Form Owner: Human Resources

Form Location:

<http://www.4j.lane.edu/hr/forms>

USER INSTRUCTIONS

Form Purpose: Use this form to notify Human Resources when you are requesting to creating a FOPA within your program.

How to Complete this Form: Fill out this form online. Alternately, print this form and complete it by hand.

How to Submit this Form: Submit this completed form either electronically or on paper. Forms submitted electronically do not require a signature.

Where to Send this Form: Email the completed form to HR@4j.lane.edu or submit a hard copy to Human Resources.

Procedure Requirements: This form can be used to facilitate a FOPA if the FTE is being added meets the following restrictions:

- High Schools –0.25 FTE or less
- Middle Schools –0.2 FTE or less
- Elementary Schools –0.2 FTE or less

If the FTE is more than the restrictions listed above, the FTE must be posted as a vacancy.

Please see both sides of the form for all necessary information.

REASON FOR FOPA REQUEST – Fill out completely

Amount of FTE to assign:

0.00

Reason for additional FTE:

STAFF ELIGIBLE FOR THE FOPA – List all licensed staff eligible and able for the FTE to be added to their current assignment (Additional staff can be listed in the comments section if needed).

Staff Member:

Current Assignment:

Staff Member:

Current Assignment:

Staff Member:

Current Assignment:

Staff Member:

Current Assignment:

Staff Member:

Current Assignment:

COMMUNICATION – Describe in detail how the additional FTE was communicated to eligible staff and the process to decide which staff member would be given the FTE resulting in the FOPA:

IS THIS COVERAGE FOR A LEAVE OF ABSENCE?

YES

NO

If "yes" please complete the information below:

Name of Employee on Leave of Absence:

Employee ID Number:

Coverage Period:

Comments:

FUNDING SOURCE INFORMATION (Required for all submissions)- If the FTE or hours are split between multiple sources, please indicate the split. You may use a percentage, FTE, or hours to each funding source.

	FTE or Hours	Account Number (GL)
Building/Department		
Targeted Funding		
Student Body Funds		
Fleet Funds		
PTO/PTA Funding		
EEF Funding		
Grant Funding (including Title)		
Bond Funding		

EMPLOYEE SELECTED FOR FOPA - Fill out completely

Employee:	Employee ID:	Start Date of Additional FTE:
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FOPA HISTORY

Has this employee been FOPA'd before: Yes No If yes, when: _____

SIGNATURE (if submitted on paper)

Comments:

Hiring Administrator/Supervisor Signature

Date

Print or Type Administrator/Supervisor Name

HUMAN RESOURCES USE ONLY

Comments:

Human Resources Administrator

Date