



Division of Human Resources  
**Education Support Professionals (ESPs)**  
**Application for Extended School Year (ESY)**  
**(10-Month Current Employees Only)**

Please consider my application for extended school year assignment in my current school.

Name: \_\_\_\_\_ Emp. ID: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
*Area Code Area Code*

Home Address: \_\_\_\_\_  
*Street Address City State Zip Code*

Current School: \_\_\_\_\_ Current Position: \_\_\_\_\_

Requested ESY Position: \_\_\_\_\_

Computer Skills:  Yes  No

Highly Qualified:  Yes  No

If I am not selected for extended school year assignment at my school, please forward my application to Human Resources for consideration by other schools.

\_\_\_\_\_  
*Employee Signature Date*

***(DO NOT send form to Human Resources if ESP is hired at his/her school.)***