

# 2009-2010 School Year Building Staffing Report

School District Name \_\_\_\_\_  
School Building Name \_\_\_\_\_

**(Please complete a form for each building in your district with a library.)**

Phone number to reach library staff most efficiently \_\_\_\_\_

Number of hours per week this library is open for student use. \_\_\_\_\_

1. Give the name of all staff members assigned to this library, including aides.\* Do not list volunteers.
2. Staff member email address
3. Is staff member a qualified librarian or media specialist? Respond with QL (Qualified Librarian – teachers certificate plus 18/24 hours of library media course work) or MS (Media Specialist – teachers certificate plus 32 hours of library media course work)
4. Give the highest education level for each staff member. HS – less than a bachelor’s degree, LTA – Library Technical Assistant, BAC – Bachelors degree, MLS – masters degree in library science, MS – masters in other field.
5. Number of hours per week this staff person works in the library

1. Name of staff*	2. Email address	3. Qualified Librarian?	4. Staff education level?	5. Hours/wk. In library

\*For each staff member listed in column a above, please complete a staff schedule sheet.

Please also update your L2 Record <http://www.librarylearning.info/>.

If you need assistance with L2 please contact Angela at [angelat@rpls.ws](mailto:angelat@rpls.ws) or Rachel at [rachelm@rpls.ws](mailto:rachelm@rpls.ws) or call at 429-2586 and ask for either Angela or Rachel.

Please return, along with the necessary staff schedule sheets, to Rachel Miller, RPLS by October 1, 2009, via delivery, mail, fax, or electronically.

Rolling Prairie Library System, 345 E. Eldorado Street, Decatur, IL 62522  
Fax #: 217-428-1852 ATTN: Rachel

# School Library Staffing Schedule

Please use this daily schedule to indicate the portions of the staff person's time which is spent on LIBRARY ACTIVITIES in this school library/media center. If staff member is split between multiple buildings, please fill out a form for each library. Make additional copies of this page as needed.

School District Name: \_\_\_\_\_

School Building Name: \_\_\_\_\_

Staff Person Name: \_\_\_\_\_

Time	Monday	Tuesday	Wednesday	Thursday	Friday

School District Name: \_\_\_\_\_

School Building Name: \_\_\_\_\_

Staff Person Name: \_\_\_\_\_

Time	Monday	Tuesday	Wednesday	Thursday	Friday

Please return along with the Building Staffing Report to RPLS by October 1, 2009.