

2008-2009 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. _____

District ELI number with building branch number _____

- a. Give the name of all staff members assigned to this library, including aides.* Do not list volunteers.
- b. Staff member email address
- c. 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)
- d. Give the highest education level for each staff member. HS – less than a bachelor’s degree, LTA – Library Technical Assistant, BAC – bachelor’s degree, MLS – master’s degree in library science, MS – masters in other field.
- e. Number of hours per week this staff person works in the library

a. Name of staff*	b. Email address	c. Qualified Librarian?	d. Staff education level?	e. Hours/wk. In library

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

Please also update your ELI Record <http://www.eliillinois.org/>

RPLS can help you with logins and passwords.

Please return, along with the necessary staff schedule sheets, to Rachel Miller, RPLS by October 1, 2008, 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, 2008.