

Dutchess County
Board of Cooperative Educational Services

RECOMMENDATION FOR TENURE

Date:

To: District Superintendent

From:
Program Administrator

Enclosed is my recommendation for ,
Name

to be recommended for tenure, effective
Title Date

at the meeting of the BOCES Board of Trustees.
Date

Supporting documentation is attached as follows:

Copy of third-year evaluation

Official Attendance record

Copy of current certification/license, Effective Date
Date

Copy of APPR final HEDI evaluation for each year

We certify that this employee has met all criteria as required by APPR. The employee's performance record and professional growth history warrants your support of this recommendation.

Principal or Program Administrator:
Print Name Signature Date

Executive Director or Other:
Print Name Signature Date

Director of Human Resources:
Print Name Signature Date