

DATE:

TO:

District Superintendent

FROM:

Program Administrator

I am recommending the following individual for tenure:

Name:

Tenure Area:

Board Review Meeting Date:

Board Action Date:

Tenure Effective Date:

Supporting documentation is attached as follows:

copy of fourth-year evaluation

official attendance records

copy of current certification/license: Effective Date: _____

copy of APPR final HEDI evaluation for each year. (not applicable)

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

Deputy Superintendent: _____
Print Name Signature Date

Assistant Superintendent for H.R.: _____
Print Name Signature Date