

DATE:

TO: District Superintendent

FROM: Program Administrator

I am recommending the following individual for tenure:

Name:

Tenure Area:

Tenure Effective Date:

Date of BOCES Board of Trustees meeting:

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

Executive Director for H.R.: _____

_____	_____	_____
Print Name	Signature	Date