

Please list below any changes requested in personnel (both licensed and non-licensed) and reasons for requesting the changes:

List names of licensed personnel who will have completed advanced training by this **August** so as to increase salary for next year. Please note that salary will not be adjusted for advanced training until a new license is submitted to my office.

List names of licensed personnel who will complete advanced training in **December**:

CAPITAL OUTLAY REQUESTS

PRIORITY	DESCRIPTION OF ITEM	EST COST
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____
19	_____	_____
20	_____	_____

SCHOOL _____

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Please list any other suggestions/improvements which were not addressed on pages 1-2: