

**APPOINTMENT or  
REASSIGNMENT/REAPPOINTMENT  
PRINCIPALS/DIRECTORS/COORDINATORS  
Administrative/Supervisory Personnel**

SCHOOL YEAR \_\_\_\_\_

Recommendation is hereby made that \_\_\_\_\_  
be appointed/reappointed/reassigned to the position of \_\_\_\_\_  
\_\_\_\_\_ at the \_\_\_\_\_  
\_\_\_\_\_ (School, Office, etc.) for the period  
described:

New Contract to Expire: \_\_\_\_\_

Currently Holds Contract to Expire: \_\_\_\_\_

No. of Months Worked During Year: \_\_\_\_\_

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature of Superintendent

**SCHOOL BOARD ACTION**

*Approved:* \_\_\_\_\_

*Disapproved:* \_\_\_\_\_

**DATE OF BOARD ACTION:**

\_\_\_\_\_  
*Signature of Superintendent*