

FOR OFFICE USE ONLY

In Field

Out of Field

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY
REAPPOINTMENT OF ANNUAL CONTRACT TEACHER

SCHOOL/DEPARTMENT _____ School Year _____

NAME: _____

TEACHING ASSIGNMENT _____ Social Security #: _____

Annual Reappointment at new school site replacing _____

10 months

11 months

12 months

Full Time

Part Time

EFFECTIVE DATE: _____

CERTIFICATE INFORMATION to be completed by the Certification Department:

Type of Certificate Held Expiration Date Subject Areas Covered

NOTE: I understand that this reappointment is contingent on my certificate being current and that I am certified to teach in the assigned position. I also understand that this is my notification of reappointment for the _____ school year.

Signature of Teacher

Date

SIGNATURES OF APPROVAL (MUST BE IN SEQUENCE LISTED)

1. _____
Principal/Department Head

Date

2. _____
Coordinator-Educator Certification

Date

3. _____
Director-Human Resource Services

Date