

April 1

TO: _____ Superintendent

_____ Assistant Superintendent

FROM: _____
Evaluator Signature Evaluator Signature

SUBJECT: Final Recommendation Concerning Personnel

We would like to recommend the following action concerning _____

_____.

The final recommendation is _____

_____.

Copy: Employee

Form C

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Certificated and Other Professional Personnel 533.611

Supporting Services Personnel 637.1, page 4 of 9

Adopted 8/24/87

Revised 8/14/01 ELF