

Belle Sherman Elementary Extended Day Request/Approval Form

Date _____

Robert Van Keuren
Director of Human Resources
Ithaca City School District
400 Lake Street
Ithaca, NY 14850

Belle Sherman Elementary School
Ithaca City School District
501 Mitchell Street
Ithaca, NY 14850

Mr. Van Keuren:

As a current staff member of Belle Sherman Elementary School, I would like to express my interest in being a Board of Education approved member of the Extended Day staff at Belle Sherman Elementary School during the 20____ - 20____ academic year.

Thank you for your consideration.

Sincerely,

_____ (print)

_____ (sign)

I would like to request Board of Education approval for this staff member to be a part of the Extended Day Program staff at Belle Sherman Elementary School for the 20 __ - 20 __ academic year as a _____ (please specify teacher, teaching assistant, or lead teacher), at the hourly rate of _____, for up to _____ hours per week.

Principal