

**Belle Sherman Elementary Extended Day/Coding Club  
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)

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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