

Fall Creek Elementary Extended Day Request/Approval Form

Date _____

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

Fall Creek Elementary School
Ithaca City School District
202 King Street
Ithaca, NY 14850

Mr. Van Keuren:

As a current staff member of Fall Creek Elementary School, I would like to express my interest in being a Board of Education approved member of the Extended Day staff at Fall Creek 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 Fall Creek 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