Oyster River Cooperative School District Nomination Form

#of Resumes Received: ____

Name:				
Date:				
Position:				
School for Position	MW	МОН	MS	HS
Person Replacing:		2		
Budgeted Amount:				
Recommended Step/Salary:	S.E.		257	
Interviewed By:				
# Interviewed:				
Education:				
Certification:				
Related Experience:				
Comments:				
	Authorized			
Date: <u>June 10, 2020</u>	Signature:	Misty Lowe		
REQUIRED Attachments:				
☐ Resume ☐ 3 Letters of Recommendation ☐ Copy of Certification				