

Oyster River Cooperative School District
Nomination Form

#of Resumes Received: ____

Name:	
Date:	
Position:	
Person Replacing:	
Budgeted Amount:	
Recommended Step/Salary:	
Interviewed By:	
# Interviewed:	
Education:	
Certification: HQT Status	
Related Experience:	
Comments:	
Date: _____	Authorized Signature: _____

<p><u>REQUIRED Attachments:</u></p> <p><input type="checkbox"/> Resume <input type="checkbox"/> 3 Letters of Recommendation <input type="checkbox"/> Copy of Certification</p>
