

Oyster River Cooperative School District
Nomination Form

#of Resumes Received: _____

Name:	
Date:	
Position:	
School for Position	MW MOH MS HS
Person Replacing:	
Budgeted Amount:	
Recommended Step/Salary:	
Interviewed By:	
# Interviewed:	
Education:	
Certification:	
Related Experience:	
Comments:	
Date: <u>6/11/20</u>	Authorized Signature: <u>Suzanne Filippone</u>

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