

**WAKULLA COUNTY SCHOOL BOARD HUMAN RESOURCES
RECOMMENDATION FOR APPOINTMENT
SUPPLEMENTAL POSITIONS – ATHLETIC/ACADEMIC – WCSB CERTIFIED EMPLOYEES**

School: _____ Year: _____ Page ____ of ____

Use for Certified Instructional WCSB employees. These individuals will be paid a stipend in their regular monthly paycheck.
No Board Action Required – **Superintendent’s Signature Required.**

<u>Please √ Below</u>		Name	EIN #	Supplement Title	Supplement #
Athletic	Academic				
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Submitted by:

Principal: _____ School: _____ Date: _____

Superintendent’s Signature: _____ Date: _____