

WAKULLA COUNTY SCHOOL BOARD
HUMAN RESOURCES DEPARTMENT
OUT-OF-FIELD REQUEST



(Directions: After completing section 1, forward this form to the Director of Human Resources. A copy will be returned to the school/dept. and to the teacher after School Board Approval.)

SECTION 1

Name: _____ Date : _____

School Name and #: _____ EIN# _____

Position teacher is recommended for: _____
(Must include number of periods if secondary)

Attach copy of certificate currently held by teacher **OR** enter area applied for and date applied: _____

(check one below)

First year out of field request for WCSB: OR

Subsequent year out-of-field request:

IMPORTANT-PLEASE NOTE: For each subsequent year, proof of completion of coursework or SAE results must be attached or must have been previously submitted to Human Resources. Failure to provide this proof will result in request being denied.

Rationale: Please explain why this teacher is recommended out-of-field for the position:

Principal/Administrator: _____ Date: _____

SECTION 2

DOE Certification #: _____ Area of Certification held by teacher: _____

Certification needed by this teacher: _____

Comments: _____

Proof of coursework/SAE results have been received (for subsequent requests): Yes No

Director of Human Resources: _____ Date: _____

Asst. Superintendent for Instruction: _____ Date: _____