



Campus Request to Remove Temporary Teacher Form

Administrator's Name: _____

Title: _____

Campus: _____

Date: _____

Temporary Teacher's (TT) Name: _____

TT ID Number (if available): _____

Administrator's Signature: _____

Please describe in as much detail as possible the reason for removal from your campus. Provide or identify all known persons, documents and witnesses for this removal.

Region One ESC Internal Use:

Comments: _____

Temporary Teacher Removed from Campus (Date): _____

Temporary Teacher Informed (Date): _____

Region One Representative

Date