# THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

## FORM TO REQUEST SCHOOL BOARD APPROVAL FOR OUT-OF- FIELD TEACHER(S)

# M E M O R A N D U M

**TO:** Kelly Krostag, Assistant Superintendent of Human Resource Services
Caroline Gray, Coordinator of Educator Certification

**FROM:** _____

Principal, _____

**DATE:** _____

**SUBJECT:** Out-of-Field Teacher(s)

Please request School Board approval for the following teacher(s) to teach out-of-field this school year:

**1) Name of Teacher:** _____

**Out-of-Field Assignment:**_____ **# of Classes per Day:** _____

**Rationale:**_____

_____

_____

**2) Name of Teacher:** _____

**Out-of-Field Assignment:**_____ **# of Classes per Day:** _____

**Rationale:**_____

_____

_____

**3) Name of Teacher:** _____

**Out-of-Field Assignment:**_____ **# of Classes per Day:** _____

**Rationale:**_____

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