



THE SCHOOL DISTRICT OF ESCAMBIA COUNTY

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

MEMORANDUM

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: _____

Affirmative action/equal opportunity employer