



Wild Rose Public Schools

Administrator Designation Recommendation
 (for new Administrators or Extension to current Administrators)

Name of Administrator: _____

School/Location: _____

SECTION A:

- ___ New employee - Contract Status Recommendation & Summary of Hiring must be attached
- ___ Current employee - new designation for current employee Summary of Hiring required
- ___ Current employee - extension of designation for current Administrator, evaluation required

SECTION B: Designation Recommendation - New or Extension

___ **New Vice Principal Designation**
 (one school year) Start Date: _____ End Date: June _____

___ **New Principal Designation**
 (one school year) Start Date: _____ End Date: June _____

___ **Vice Principal Designation Extension**
Evaluation Received July 1, _____ June 30, _____
Vice Principal designations can be extended for three school years

___ **Principal Designation Extension**
Evaluation Received July 1, _____ June 30, _____
Principal designations can be extended for five school years

___ **Other Designation** (please provide title) Start Date: _____ End Date: _____

Notes:

SECTION C: FTE Breakdown of Administrator Time

General Ledger Codes	% of Teaching Time
200 - ECS	%
300 - REG	%
310 - Admin	%
AISI	%
CTS	%
TOTAL	100.00%

 Authorized Signature

 Date

 Division Office Approval

 Date