

Collegiate High School Contract Recommendation Form Instructional and Guidance Counselor

| Employee Name: | | Title: | |
|---|---------------------|---------|-------|
| Banner ID #: | | Campus: | |
| The above listed employee is recommended for: | | | |
| CONTRACT TYPE: (Check the appropriate block) | | | |
| Renewal of Annual Contract Non-renewal of Annual Contract | | | |
| DUTY DAYS: (Initial the appropriate block) | | | |
| ☐ Teaching Contract (196 days)☐ Guidance Counselor (211 days)☐ Other Assistant Principal (232 days) | | | |
| Recommended by: | | | |
| Supervisor (if not Principal): Signature | | Date: | |
| Principal: | Signature | | Date: |
| Dean, School of Education | | | Date: |
| Provost: | Signature Signature | | Date: |

This is only a contract recommendation. The granting of an employment contract is not considered final until authorized by the District Board of Trustees and execution of the contract by the College President.