

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

DATE:

TO: Education Support Professionals

FROM: _____, Principal

SUBJECT: **SUMMER TERM/SUPER SESSION
EMPLOYMENT PREFERENCE FORM**

AT PRESENT ... the School Board has proposed summer school the week immediately following the close of the _____ school year/track.

Please indicate your intentions by filling in your name and checking the applicable and appropriate box.

Name: _____

I am interested in working **Summer School:**

Six Weeks (_____)

1st Three Weeks (_____)

2nd Three Weeks (_____)

I am interested in working **Super Session.**

RJ/DB:crl