

# Teacher Selection Panel

School \_\_\_\_\_ Date \_\_\_\_\_

Department, Unit, of Interdisciplinary Team \_\_\_\_\_

Name (printed) \_\_\_\_\_ Home Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Summer # \_\_\_\_\_

Days unavailable April - June \_\_\_\_\_

Days unavailable Summer \_\_\_\_\_

Name (printed) \_\_\_\_\_ Home Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Summer # \_\_\_\_\_

Days unavailable April - June \_\_\_\_\_

Days unavailable Summer \_\_\_\_\_

Name (printed) \_\_\_\_\_ Home Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Summer # \_\_\_\_\_

Days unavailable April - June \_\_\_\_\_

Days unavailable Summer \_\_\_\_\_

Name (printed) \_\_\_\_\_ Home Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Summer # \_\_\_\_\_

Days unavailable April - June \_\_\_\_\_

Days unavailable Summer \_\_\_\_\_

The teachers listed above were elected by the department, team, or unit they represent.

Signature of Lead Teacher/Department Chair (or if none, by the Building Rep) \_\_\_\_\_ Date \_\_\_\_\_

*Please return this to your principal and forward a copy to the CFT Office*