

Polk County Schools
P. O. Box 391
Bartow, Florida 33831

TO: _____
(Teacher) SS # last 6 digits

TITLE: _____

SAP NUMBER: _____

SUBJECT: Reappointment Questionnaire 2010-2011 (Intent to Return)

Please express your plans for employment for the 2010-2011 school year by completing the appropriate section below and returning it to me immediately. Note: If you are an itinerant teacher you will inform your supervisor of your intent to return.

Recommendations will not be made for teachers holding Annual Contracts who do not request reappointment at this time. If you are definite about not returning next year, please complete an on-line Exit Interview (<http://exit.polk-fl.net>) and attach your Letter of Resignation to be returned with this form.

In order for you to be reappointed, you must present to your Principal/Administrator proof of eligibility to hold a valid Florida full-time teaching certificate. Failure to obtain this certificate will rule any appointment null and void.

School Principal/Administrator

- I. For Teachers now holding a **Continuing Contract** or **Professional Service Contract**
_____ I wish to retain my present position for school year 2010-2011
_____ I wish to terminate employment with the Polk County School Board at the end of this contract year (June 30, 2010). **This termination will result in a break in service should I not be rehired and work the first teacher contract day.** Letter of resignation attached.

Signature: _____
(Teacher) Date

- II. For Teachers now holding an **Annual Contract**
_____ I request consideration for reappointment for school year 2010-2011.
_____ I wish to terminate employment with the Polk County School Board at the end of this contract year (June 30, 2010). **This termination will result in a break in service should I not be rehired and work the first teacher contract day.** Letter of resignation attached.

Signature: _____
(Teacher) Date

- III. I plan to request a Leave of Absence for school year 2010-2011. (appropriate documentation required)

Type of Leave: _____

Signature: _____
(Teacher) Date

If you wish to be considered for a position on the Supplemental Salary Schedule (see Appendix D Teacher Collective Bargaining Agreement), please list area here: _____

Summer Phone Number: _____

Home e-Mail Address: _____