



EMPLOYEE NOMINATION FORM CAMPUS LEADERSHIP TEAM (CLT)

NOMINEE:

First and Last Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

___ I understand that representatives are elected/selected annually.

Representative Category:

_____ Classroom Teacher (please indicate specific group i.e. grade level, special population, etc.) _____

_____ Campus-Based Non-Teaching Professional Employee

_____ District-Level Non-Teaching Professional Employee

I hereby voluntarily accept this nomination to serve on the CLT. I also understand that if selected I have made a commitment to attend **ALL** meetings and activities of the committee and to follow the procedures set for committee participation.

Date: _____ Signature of Nominee: _____

Complete this form and submit it to the campus principal no later than August 23, 2019