

2015 CLASSIFIED SCHOOL EMPLOYEE OF THE YEAR APPLICATION

SIGNATURE PAGE

APPLICANT NAME	Diane Harris
SCHOOL OR DISTRICT DEPARTMENT	Support Services / Custodial
DISTRICT	Sedro- Woolley

INFORMATION AND PHOTO RELEASE

I hereby give my permission that all of the attached materials, materials generated as a result of this application, photos or video taken of me as a result of this application or photos or video of me provided to OSPI in connection with this application may be used to promote the Washington State Classified School Employee of the Year Program.

Diane M. Harris 2/9/15
 SIGNATURE OF APPLICANT DATE

DISTRICT AND SCHOOL ENDORSEMENT

I acknowledge that the nominee submits this application with my approval and full support and that if s/he is selected as a regional nominee s/he will be released from classroom responsibilities for 2 days (substitutes are to be provided by the school, district or region) for purposes of selection, recognition and professional development.

Phil Bookman 2/9/15 Mark [Signature] 2-9-15
 SIGNATURE OF DISTRICT SUPERINTENDENT DATE SIGNATURE OF PRINCIPAL OR SUPERVISOR DATE