



# Staff Acknowledgements Form

## Administrative Procedure 2.A.22A

2.0 Human Resources  
2A Foundations

<b>School:</b>		
<b>Principal:</b>		
<b>Date Submitted:</b>		
<b>Name of Staff Member</b>	<b>Illness? Hospitalization?</b>	<b>Dates of Absence: (10+ days)</b>
<b>Name of Staff Member</b>	<b>Passing of relationship to staff member?</b>	<b>Donation to: name / address / postal code</b>
<b>Name of Staff Member</b>	<b>Congratulations!! Reason: re: academic achievement; marriage (give spouse's name); family addition; (give child's name)</b>	