



Staff Acknowledgements Form

Administrative Procedure 2.A.22A

2.0 Human Resources
2A Foundations

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