

Emplovee's Name:	
Employee's Name:	
Job Title:	
Employee ID #:	
Site/School:	
Date:	
(Check One) Education Support Professional	
☐ Professional Technical☐ Administration	
se check the appropriate box below, sign the form, and return thi ervisor.	s form to you
Please <i>consider</i> me for employment for the 20 20 school	year.
Please <i>do not consider</i> me for employment for the 20 – 20 because I plan to resign or retire.	school year
I wish to apply for extended leave for the 20 – 20 school ye "Application for Leave" is attached.	ear. My
Employee's Signature:	

Form No.: PER-920-004 – Intent Form (ESP/PT/Admin) / HR / Intent Forms New Date: 6/6/19