Horizon School Division

Administrator Designation Recommendation

███████████████████████████████████████

Work Location: _____ Competition Number: _____
(if applicable)

Position Classification: ☐ Principal   ☐ Assistant Principal

☐ Vice Principal

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Successful Candidate: _____

Designation Start Date: _____

Type of Designation: ☐ Continuing   Evaluation Submitted on _____ (date)

☐ Probationary: Designation End Date: _____

☐ Temporary: Designation End Date: _____

_____
Name (Principal/Senior Administrator)   Date

_____
Superintendent Approval   Date