

SOUTH KINGSTOWN SCHOOL DEPARTMENT

OFFICE PROXY FORM
SKESP JOB FAIR

A. Date of the Job Fair that this proxy will be in effect: _____

B. I (print first name and last name)

C. Hereby authorize: Sandra Mattiucci, President SKESP

D. Position: _____
(i.e. Clerk I, Admin. Sec., Teacher Assistant, etc.)

E. Preferred Work Year:

Teacher Assistant 180 days

Clerical 10 months or 12 months

F. Date proxy completed: _____

Name of witness:

(A witness may be the president or Executive Board Member of SKESP.)

Signatures of both parties required:

SKESP Member: _____

Superintendent: _____