Use your "Mouse" or "Tab" key to move through the fields and check boxes. After completing last field, save document to hard drive to make future updates or click Print button.

Illinois State Board of Education

100 North First Street, S-202
Springfield, Illinois 62777-0001

FORM FOR APPOINTMENT OF ASSISTANT REGIONAL SUPERINTENDENT OF SCHOOLS

HUMAN RESOURCES AND LABOR RELATIONS

Effective _____, I am appointing the person named below as Assistant Regional Superintendent of Schools for the _____ Educational Service Region.

THE FOLLOWING INFORMATION IS PERTINENT TO THE APPOINTEE:

NAME		
MAILING ADDRESS (ESR Address - Street, City, State, ZIP Code)		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER
DEGREES HELD		
ADMINISTRATIVE CERTIFICATES (List Type and Number)		

120 – DAY APPOINTMENT ☐ **YES** ☐ **NO**

_____ _____

Digital or Original Signature *from* APPOINTING SUPERINTENDENT

Date

APPROVALS

APPROPRIATE CERTIFICATION

NAME OF REVIEWER	TITLE OF REVIEWER	DATE

Print Reset Form