

**REQUEST FOR CONTINUING CONTRACT**

Name: \_\_\_\_\_

Building: \_\_\_\_\_

Degree: \_\_\_\_\_ Hours: \_\_\_\_\_

Certificate Type:                    \_\_\_\_\_ Permanent  
    \_\_\_\_\_ 5 year license

Years completed with Xenia Community Schools: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

➤ Due in Personnel Office by October 1<sup>st</sup> of the current school year