

Clark County School District EMPLOYEE RESPONSE

PART I. To be completed by employee.

Employee: _____

Social Security No. (last 4 digits): _____ Licensed Administrative Support Staff School Police

Directed to: _____ at _____ on _____
Administrator Work Location Date

Response to: _____ dated _____
Name of form and number

I understand that this response will become a permanent attachment to the document to which it responds.

Signature of Employee Date

PART II. Response received on: _____
Date By (Name)

Response attached to the referent document: _____
Date

Print/Type Name of Administrator or Designee Signature Date

PART III. Response