Pleasantville Public Schools

Dr. Felicia Hyman-Medley, Superintendent of Schools

Ratification Approval Request

(One form per ratification request)

Department/School _____ Date Submitted: _____

Staff Member: _____ Position: _____

Date Action Occurred: _____ Vendor/Organization: _____

Cost: $_____ Funding Source: _____

Supporting Documentation Attached: ☐ Yes ☐ No

Staff Member Signature: _____ Date: _____

Principal/Administrator Signature: _____ Date: _____

Item/Action to be Ratified:

_____

_____

_____

_____

Reason Ratification is Needed

(Explain why prior Board approval was not obtained and why ratification is requested.)

_____

_____

_____

_____

Principal/Administrator Recommendation: ☐ Approved ☐ Not Approved

Director of Curriculum and Instruction: ☐ Approved ☐ Not Approved

Superintendent Recommendation: ☐ Approved ☐ Not Approved

Director of Curriculum & Instruction: _____ Date: _____

Superintendent Signature: _____ Date: _____