TEACHER EDUCATOR (TE) ASSIGNMENT WAIVER REQUEST

Email to sharon.salsman@ky.gov or sherri.henley@ky.gov

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

University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In addition to their TE role, are they?

\_\_\_\_\_\_\_ Full-time Employee

\_\_\_\_\_\_\_ Part-time Employee

\_\_\_\_\_\_\_ Retired

\_\_\_\_\_\_\_\_ Number of interns you anticipate this TE will serve

\_\_\_\_\_\_\_\_ Number of interns in same school

\_\_\_\_\_\_\_\_ Number of interns is same district

List the districts the TE will serve:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regional KTIP Coordinator Signature Date