**State of Maine**

**DEPARTMENT OF EDUCATION**

**23 State House Station**

**Augusta ME 04333-0023**

**2021-2022**

**CERTIFICATION OF EMPLOYMENT OF A SUPERINTENDENT OF SCHOOLS AND REPORT OF**

**ACTIONS OF JOINT COMMITTEE, S.A.D., C.S.D., MUNICIPAL UNIT OR OTHER SCHOOL ADMINISTRATIVE UNIT (R.S.U., A.O.S.) TO SUPPORT SUPERINTENDENT’S OFFICE AND OFFICE STAFF**

**Name of Supervisory Unit:**

**Name of Superintendent Elected by the Board Social Security No.**

**Including Full or Part-time or Interim**

 xxx-xx-

**RESULTS OF MEETING:**

Name Address

1. Chairperson:
2. Secretary (if elected):
3. **TO BE COMPLETED BY SUPERVISORY UNITS ONLY:**  (Units combining for the purpose of employing a Superintendent):

Number of Board members present at the meeting from each member unit of the supervisory unit:

 Unit No. of Board Members Percentage of Salary Percentage of Service

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

1. Salary paid the Superintendent in the current year ending June 30, 2021 $
2. Salary authorized for the year ending June 30, 2022 $
3. Have you made provisions for an office for the Superintendent of Schools, office assistants and other office expenses?
**YES [ ] NO [ ]**
4. We certify that the above information and actions of the Board, pursuant to [Title 20-A, M.R.S. Section 1051](http://legislature.maine.gov/legis/statutes/20-A/title20-Asec1051.html), are in accordance with its votes taken .

(date)

***(Attach copy of minutes and copy of Superintendent’s contract)***

Signed , Chairperson

 (date)

Signed , Secretary

 (date)

1. I, , hold a valid Superintendent’s certificate for the State of

 (name of Superintendent)

Maine which expires and I accept the position of Superintendent of Schools for

 (date)

 for the period beginning and ending

(unit or units) (date)

June 30, . I do faithfully declare that I will uphold the laws of this State and that I will

 (year)

faithfully perform the duties of Superintendent of Schools as required by law and as set forth by the Board(s)

which employ(s) me.

SIGNED DATE

 Superintendent

1. SIGNED DATE

Commissioner of Education

**For information call: 624-6663**

**Return original and one (1) copy to:** Deputy Commissioner

 Maine Department of Education

 23 State House Station

 Augusta, Maine 04333-0023

EF-A-605

(Dec. 2020)