

**Washington County School District
Part time employee request for use of
Comprehensive Guidance Funds**

Name of person making request _____ School _____

Name of part-time employee and their current position _____

Explain how this employee will contribute to the CCGP Program _____

Estimate the total cost of this assignment and factor in the social security and retirement

Principal Approval _____ Date _____

Counseling Coordinator _____ Date _____

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