Acquest to Trace air from on the rightes
Name: amille Dillingham
Address:
Telephone number:
Name of school children attend, if applicable:
Group represented:
Check if request was submitted to:
Conferred with following administrators (names):
Description of Issue: The district does not have an
Occupational therap st of contracted at this time
2 people applied, neither accepted the position.
The district can here a certified accupational
theight assistant to cover minutes However
the amount for sub on the psalary schedule is
Specific Action Requested: be low market falue.
To approve changing the sub pay for as
COTA to By hour
Check if you are:
All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised: 3/13/06