

Lincoln County School District
Letter of Intent

Classified

NAME _____ DATE _____
 Last First Middle

Will you be returning to the Lincoln County School District for the 2016-2017 School Year?

Please circle: **Yes / No**

Signature

If you are anticipating a salary increase due to credits earned (Master Contract 20-9) for the 2016-2017 SY, please circle: **Yes / No**

If yes, one or two increases? 1 / 2

Please explain if needed:

(Proof of credits awarded and/or degrees received must be documented and sent to the District Office by September 1, 2016.)

Date Stamp Received: