

VAN BUREN PUBLIC SCHOOLS



2221 POINTER TRAIL EAST
VAN BUREN, ARKANSAS 72956
(479) 474-7942
FAX (479) 471-3146



CHANGE OF CONTRACT REQUEST FORM

Name: _____ Date: _____

School: _____

A CHANGE IN CONTRACT HAS BEEN REQUESTED FOR ONE OF THE FOLLOWING PURPOSES:

- (1) Academic Mentor for _____.
- (2) Degree Change- Type of Degree _____ or Number of Graduate Hours after degree awarded _____ by _____.
(Name of College /University.)
(OFFICIAL TRANSCRIPT REQUIRED AT TIME OF REQUEST)

(3) Additional Responsibilities:(Please give type or brief description of added job responsibilities) _____

(4) Deleting Responsibilities:(Please give type or brief description of resigned job responsibilities) _____

(5) Other: _____

Employee Signature: _____

Building Administrator Signature: _____

Program Director Signature: _____

Superintendent Signature: _____

FOR OFFICIAL USE ONLY

Stipend Amount: _____