



This form is available at: <http://dpi.wi.gov/tepd/elo/supplementary-forms>

Instructions for the Applicant: You must submit this form to your employing school district so they may complete the request section below. After the completed form has been returned to you, scan the document and upload when applying for your One-Year Administrator License in the ELO (Educator Licensing Online) system.

Instructions for the Employer: Complete the request and return the completed form to the applicant.

DISTRICT / LICENSE INFORMATION			
School District Requesting One-Year Administrator License		Telephone <i>Area Code/No.</i>	CEA No. LEA Code
School District Mailing Address <i>Street or PO Box</i>		City	Zip Code
Request is For <input type="checkbox"/> First 1-Year license <input type="checkbox"/> Second 1-Year license	Administrator License Requested <i>Check all that are applicable.</i> <input type="checkbox"/> 5003 Superintendent <input type="checkbox"/> 5008 School Business Administrator <input type="checkbox"/> 5010 Director of Instruction <input type="checkbox"/> 5017 Reading Specialist <input type="checkbox"/> 5051 Principal <input type="checkbox"/> 5080 Director of Special Education/Pupil Services <input type="checkbox"/> 5091 Library Media Supervisor <input type="checkbox"/> 5092 Instructional Technology Coordinator <input type="checkbox"/> 5093 Career and Technical Education Coordinator		
License Begin Date <i>Mo./Day/Yr.</i> <i>(Date Hired)</i>	Employee's Legal Name <i>First, Middle, Last</i>	Social Security Number* <i>Last 4 Digits Only</i>	

SIGNATURE

IMPORTANT: You must attach a plan from a state-approved educator preparation program which confirms that the applicant can complete the program by August 31 of the year the second one-year license expires.

School Board Member Signature ➤	Date Signed <i>Mo./Day/Yr.</i>
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*Collection of social security number is a requirement of s.118.19(1m) and 1(r). It is used solely for validation purposes and will not be released without written permission.