



Proxy Form

Instructions: This form must be completed if you are unable to attend a specific event and wish to designate another employee of Coventry Public Schools to act on your behalf. Please complete all sections below. Be sure to indicate the event to which this proxy applies.

Employee:	Proxy:	Event:
Name:	Name:	Name of Event:
School/Department::	School/Department::	
Street address:	Street address:	Date of Event::
City/Town:	City/Town:	
State, Zip:	State, Zip:	

Employee Statement:

By entering this proxy I certify that I am unable to attend the designated event and wish to have my proxy indicated above attend as my personal representative with full responsibility to act on my behalf. I realize that I may not at any time thereafter challenge the position selection that my proxy has made. However, this in no way gives up other contractual right to which I may be entitled. I understand that my proxy must, at the time of the event for which this proxy is issued, have in his/her possession a copy of all my valid certifications, copy of any letters of displacement, and in no way will Coventry Public Schools be responsible for providing same to my proxy on the day of the event..

Employee Signature _____ *Date* _____

Proxy Statement:

I hereby accept the responsibility entrusted to me by the above named employee of the Coventry School Department to act on his/her behalf at the designated event. I have read this Proxy Statement and accept all terms and conditions thereof.

Proxy Signature _____ *Date* _____

Human Resources Representative _____ *Date Received* _____