

Request for Transcript and/or Meal Participation Review

Name: _____ Employee ID #: _____

Location #: _____ School Name: _____

Satellite Location #/Name (if any): _____

Food & Nutrition Supervisor Name: _____

Managerial Classification Criteria:

AFSCME Contract APPENDIX III, Section O., Part 1.

Manager Classification	Approved College Credits	Meal Participation
Food Service Manager I (Job Code 5701)	6	300-600
Food Service Manager II (Job Code 5702)	21	601-1000
Food Service Manager III (Job Code 5710)	33	1001+

Check all that apply:

Request for review of updated (sealed) official transcript.

Request for review of meal participation.

Food Service Manager Signature

Date

Please submit this form, along with official (sealed) college transcript, if applicable, to the assigned Food and Nutrition Supervisor for review.

Office Use Only: Date received request/effective date: _____

Food and Nutrition Supervisor

Date

Director, Personnel

Date