Text, letter

Description automatically generated

This form is to be returned to the employer (Germantown Municipal Schools) and a copy provided to the employee within fifteen (15) days. Please label the outside envelope “confidential”.

**Employer:** Germantown Municipal School District

**Title:** Coordinated School Health Supervisor

**Address:** 3350 S. Forest Hill Irene Rd

Germantown, TN 38138

Text

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