

# ESE DEPARTMENT SUPPLEMENTS

DEPARTMENT: ESE Department

SCHOOL YEAR: 2021-22

SUPPLEMENT	NAME	Position	#	Code	Brd	Key
<b>EAST NASSAU</b> Department Chair  <i>Please specify the number of members to the right:</i>  SUB58 3-8 members SUB59 9+ members						
<b>WEST NASSAU</b> Department Chair  <i>Please specify the number of members to the right:</i>  SUB58 3-8 members SUB59 9+ members						
<b>COUNTY WIDE</b> Department Chair  <i>Please specify the number of members to the right:</i>  SUB58 3-8 members SUB59 9+ members						

\_\_\_\_\_  
DIRECTOR'S SIGNATURE

\_\_\_\_\_  
DATE