

Job completed

GUGGENHEIM HSA COPY FORM

Name _____ Committee _____

Date submitted _____ Date needed _____

Co-President Approval Principal Approval

SPECIAL INSTRUCTIONS:

of originals _____ # of copies needed _____

Additional copy for teacher Additional copy for office file

One-sided Back-to-back Collated Cut in half

Other _____



Should copy room distribute copies? Yes No

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