

**Central Office Administrative Personnel  
For Year 2019-20**

SAU # \_\_\_\_\_ Contact: \_\_\_\_\_

**New Person:** \_\_\_\_\_ Position: \_\_\_\_\_  
Location: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Organization & Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Person Leaving: \_\_\_\_\_ Reason: \_\_\_\_\_

**New Person:** \_\_\_\_\_ Position: \_\_\_\_\_  
Location: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Organization & Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Person Leaving: \_\_\_\_\_ Reason: \_\_\_\_\_

**New Person:** \_\_\_\_\_ Position: \_\_\_\_\_  
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Organization & Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Person Leaving: \_\_\_\_\_ Reason: \_\_\_\_\_

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Organization & Address: \_\_\_\_\_  
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Person Leaving: \_\_\_\_\_ Reason: \_\_\_\_\_

**New Person:** \_\_\_\_\_ Position: \_\_\_\_\_  
Location: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Organization & Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Person Leaving: \_\_\_\_\_ Reason: \_\_\_\_\_

Please fax completed form to (603) 225-3225 or e-mail Faith at ([faith@nhsaa.org](mailto:faith@nhsaa.org))  
**Thank you!**