Diocese of Shreveport
Catholic Schools Office

Returning Faculty and Staff

School Name: _____

School Year: _____

Prepared By: _____

The following individuals **WILL BE** returning next school year:

Full Name (first+last)	**Position** (level/subject)	**Hire Year**

Full Name (first+last)	Position	Hire Year

Full Name (first+last)	Position	Hire Year