

Board Approval Date \_\_\_\_\_



**Personnel Recommendation**

**To be completed by Recommending Supervisor:**

Applicant Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

To fill the position of \_\_\_\_\_ at \_\_\_\_\_ (location)

Actual Start date of \_\_\_\_/\_\_\_\_/\_\_\_\_

This person replaces \_\_\_\_\_ (Enter "New" for new position) Classified \_\_\_\_\_ Certified \_\_\_\_\_

Experience Pertaining to Position:			
_____	_____	_____	_____
Place of Employment	# of Years	Place of Employment	# of Years
_____	_____	_____	_____
Place of Employment	# of Years	Place of Employment	# of Years
_____	_____	_____	_____
Place of Employment	# of Years	Place of Employment	# of Years

- Included with Recommendation:**
- Application
  - Reference Checks
  - Valid MS Teacher License (Certified)
  - College Transcripts or WorkKeys (Teacher Assistants)

**To be completed by Human Resources:**  
 This recommendation is approved pending:  
 \_\_\_\_\_ Criminal Background and child Abuse Registry Clearance  
 \_\_\_\_\_ Receipt of Valid Teacher License  
 \_\_\_\_\_ Verification of \_\_\_\_\_ Years of Experience with a \_\_\_\_\_ certificate  
 \_\_\_\_\_ Release from Existing Contract  
 \_\_\_\_\_ Suicide Prevention Training

**To be completed by Business Office:**  
 No. Days Employed: \_\_\_\_\_ Funding: \_\_\_\_\_ -900- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Salary Scale: \_\_\_\_\_ Step Level: \_\_\_\_\_

**Approvals:**

\_\_\_\_\_  
Principal/Director Date

\_\_\_\_\_  
Superintendent Date

\_\_\_\_\_  
Fund Administrator Date