

Recommendation for Employment/Transfer

PART I—PRINCIPAL/DIRECTOR

APPLICANT RECOMMENDED FOR EMPLOYMENT: _____

POSITION: _____ GRADE/SUBJECT: _____

CHECK WHICH APPLY: Full-time Part-time Substitute Transfer Itinerant Certified Classified

If *in-District transfer*, indicate from school: _____ position: _____

If *part-time*, specify the number of hours employee will work: _____

Specify the number of contract days employee will work: _____

If *certified*, in-field certification? Yes No

SCHOOL/FACILITY: _____

DATE OF SBDM CONSULTATION: _____

POSTING NUMBER AND DATE: _____

ANTICIPATED DATE OF EMPLOYMENT: _____

ANTICIPATED FIRST DAY OF WORK: _____

Is this position to be paid from a special account? _____
(Specify accounts/percentages from which funds will be paid)

Attach application. Submit to: Assistant Superintendent for Personnel

IMPORTANT NOTE to PRINCIPAL OR SUPERVISOR: The information requested on page 2 of this form must be completed. This information is essential for EEOC reporting requirements.

CLEARANCE TO WORK: The above-named person recommended for hire cannot report to your work site until clearance is approved by the Personnel Department at the Central Office.

I have read the above statement and understand that the person recommended above may not begin until properly cleared through the Personnel Department.

Furthermore, I hereby certify in making this recommendation that I have complied with existing federal, state, and local statutes, regulations, and policies relating to the employment of personnel including those that prohibit discrimination on the basis of race, color national origin, age, religion, sex, or disability.

Signature: _____
Principal/Director

PART II—OFFICE OF PERSONNEL

APPLICATION/CREDENTIAL IN ORDER AND ATTACHED? Yes No

If *no*, explain: _____

APPLICANT FINGERPRINTED? Yes No

FUND FROM WHICH EMPLOYEE WILL BE PAID: _____

Assistant Superintendent's Signature

Date

PART III—SUPERINTENDENT EMPLOYMENT AUTHORIZATION

Superintendent's Signature

Date

EFFECTIVE DATE OF EMPLOYMENT: _____

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Number of Applicants Interviewed: _____	Number of Minority Applicants Interviewed: _____
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Names of Applicants Interviewed	Date of 1 st Interview	Date of 2 nd Interview	References Ckd. Y/N	In-State	Out-of-State	Tran Req Y/N	Race/Ethnic Origin*	Comments
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

- * 1. WHITE – White, Not of Hispanic Origin
- 2. BLACK – Black, Not of Hispanic Origin
- 3. HISPANIC – Hispanic
- 4. ASIAN – Asian or Pacific Islanders
- 5. AMERICAN – American Indian or Alaskan Natives
- 6. OTHER - Other

PERSONS INVOLVED IN THE INTERVIEW PROCESS*:	
1. SBDM Council Yes _____ No _____	6.
2.	7.
3.	8.
4.	9.
5.	10.

* It is not necessary to list each name if the school SBDM Council is responsible for interviewing applicants.

The Board does not discriminate on the basis of race, color, national origin, age, religion, sex, or disability in employment, educational programs, or activities.

Review/Revised:7/15/04