

STAFF RECOMMENDATION FORM

NEW HIRE

Position Title _____

Subject Area *(Certified Staff only)* _____ **Grade Level** _____

Person Being Replaced _____ **Transfer** **Retire** **Leave** **Resign**

Reason for Vacancy _____

Funding Source *(account code)* _____

Full Time **Part Time** **If part time, no. hrs per day** _____ **Requested Effective Date** _____

PLEASE NOTE: If this is a replacement position, please specify above the name of the employee being replaced and the reason for the employee's resignation, leave of absence, etc. **Also, attach the employee's letter of resignation or request for leave of absence, along with any required doctor's statements.** These documents are needed to process this replacement request.

LIST ALL CANDIDATES INTERVIEWED FOR POSITION:

Name	Race/Sex	Name	Race/Sex
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

COMMITTEE RECOMMENDATION:

Name	Race/Sex	Phone Number
1. _____		
2. _____		
3. _____		

INTERVIEW COMMITTEE:

1. _____	4. _____
<i>Chairperson</i>	
2. _____	5. _____
3. _____	6. _____

Authorization Signature: _____ **Date:** _____

PRINCIPAL or COST CENTER HEAD SIGNATURE

(indicates consultation with the school's SBDM Council and compliance with the school's SBDM hiring policy, where one exists)

Location: _____ **Release Date:** _____