

# BOARD RECOMMENDATION FORM

(TO BE USED ON ALL RECOMMENDATIONS EXCEPT SUBSTITUTE TEACHERS)

NAME (new or previous)	POSITION	NEW OR REPLACEMENT	EMPLOYEE REPLACING	# OF CONTRACT DAYS	EFFECTIVE DATE OF EMPLOYMENT	*AREA(S) OF CERTIFICATION	GRADE LEVEL	*AREA(S) OF CERT. TO BE TAUGHT

If recommending more than one certified employee, please use an additional sheet for each.

**SCREENING COMMITTEE SIGNATURES:** \_\_\_\_\_ **DATE SCREENED:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **PRINCIPAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>OTHER APPLICANTS INTERVIEWED</b>	<b>RACE</b>
_____	_____
_____	_____
_____	_____
_____	_____

For classified personnel, please give hours per day. **NOTE: All recommendations are due in the Personnel Department the Wednesday BEFORE the Board meets. If you are recommending a new employee, please ensure that a complete application and tax paperwork is on file in the Personnel Office. If an application is not on file, please send the application and tax paperwork along with the recommendation form. (\*To be completed for certified staff ONLY. List all areas of certification for applicant and list all areas of certification the applicant will be teaching.)**