

STAFF RECOMMENDATION FORM

SCHOOL/LOCATION _____ LOC# _____

<input type="checkbox"/> NEW HIRE	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> ADVERTISED - JobID # _____
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Position Title _____

Subject Area _____ Grade Level _____

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

Reason for Vacancy _____

Funding Source (account code) * _____ Position Number* _____

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

If this is a grant-funded position, has the appropriate grant office been notified? ☐ Yes ☐ No

* Review your Position Control Report to obtain the accurate Position Number.

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.*

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)

For HR use only:	Total # of Applicants:
Waiver Reason:	

Sign, scan, and email to the appropriate HR Assistant or Certified Staffing Consultant.