

Ocean Springs School District

P.O. Box 7002
Ocean Springs, MS 39566-7002

ADDITIONAL-DUTY RECOMMENDATION FORM

Date:

Position Control Number

To whom it may concern:

is recommended for the additional OSSD duty/duties

name of applicant

state position / department

effective

date

Replacing

Years of Experience.

Place of Employment

From (date)

To (date)

Number of Years

Place of Employment

From (date)

To (date)

Number of Years

Place of Employment

From (date)

To (date)

Number of Years

Supplements

Athletic

Supplements

Certified

Classified

Paraprofessional

References:

Persons Interviewed

Principal/Supervisor

Date

Chief Financial Officer

Date

Director of Human Resources

Date

Superintendent

Date