

# BROWNSVILLE INDEPENDENT SCHOOL DISTRICT

## 2018 - 2019 P/T Seasonal Employee PERSONNEL RECOMMENDATION FORM



Please submit to: Human Resource Department

**PLEASE CHECK ONE:**

Certified Personnel

Classified Personnel

CAMPUS NAME: \_\_\_\_\_

JOB NUMBER: \_\_\_\_\_

POSITION: \_\_\_\_\_

Employee Name	I.D. Number	Current Campus	Work Site	Date to Report	For Personnel Office Use Only	Qualified	Not Qualified	

1 \_\_\_\_\_  
Athletic Coordinator

\_\_\_\_\_ Date

\_\_\_\_\_ Account #

2 \_\_\_\_\_  
Signature of Campus Principal

\_\_\_\_\_ Date

4 \_\_\_\_\_  
Signature of HR Administrator

\_\_\_\_\_ Date

3 \_\_\_\_\_  
Signature of Department Administrator

\_\_\_\_\_ Date

5 \_\_\_\_\_  
Signature of Asst. Superintendent for HR

\_\_\_\_\_ Date