

CHECK APPROPRIATE BOX BELOW

CERTIFIED  CLASSIFIED  PARA-PROFESSIONAL  REHIRE\*OF PARA-PROFESSIONAL FROM LAST YEAR

**Recommendation for Employment**

To: Superintendent/designee **DATE:** \_\_\_\_\_

FROM \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

POSITION \_\_\_\_\_ **SALARY CLASS CODE OR RANK** \_\_\_\_\_

**HOURS PER DAY** \_\_\_\_\_ **DAYS PER YEAR** \_\_\_\_\_ **FUNDING SOURCE** \_\_\_\_\_

CHECK ONE:  FULL-TIME  PART-TIME

IS THIS AN ITINERANT POSITION?  YES  No

IS THIS APPLICANT CURRENTLY EMPLOYED BY THE DISTRICT?  YES  No

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_ Replacement for: \_\_\_\_\_ **OR** \_\_\_\_\_ New Position

*Rehire Extra Duty: _____ For _____ Coach For _____	
Name	Position
<input type="checkbox"/> MCES <input type="checkbox"/> KMS <input type="checkbox"/> MCHS For _____ Year	\$ _____
(Filled this position for last year)	

*All employment recommendations must be submitted on this form. Please return to the Superintendent/designee at the Central Office.*

Signature of Supervisor requesting action \_\_\_\_\_ Date \_\_\_\_\_

Signature of Superintendent accepting action \_\_\_\_\_ Date \_\_\_\_\_

**The Board of Education does not discriminate on the basis of race, color, national origin, age, religion, sex, genetic information, limitations due to pregnancy, childbirth, or related medical conditions, or disability in employment, educational programs, or activities as set forth in Titles IX and VI and in Section 504.**

**CENTRAL OFFICE USE**

**DATE OF NOTIFICATION LETTER** \_\_\_\_\_ **(Hire Date)**

**STARTING DATE** \_\_\_\_\_

**CERTIFIED YRS EXP.** \_\_\_\_\_ **CLASSIFIED YRS EXP** \_\_\_\_\_ **(must be approved by Supt.)**

**COPY TO PAYROLL** \_\_\_\_\_ **Supt. Initials** \_\_\_\_\_