

# STARK COUNTY EDUCATIONAL SERVICE CENTER

## RECOMMENDATION TO HIRE

*It is recommended that the Stark County Educational Service Center hire the following individual for the position as stated.*

District/Department: \_\_\_\_\_

Person to be Hired: \_\_\_\_\_

Position Title: \_\_\_\_\_ EMIS Position Code: \_\_\_\_\_

Primary Work Location: \_\_\_\_\_

District Email: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Funding Source: \_\_\_\_\_

Employee Being Replaced: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

Department: \_\_\_\_\_

Certified	<input type="checkbox"/>	STRS
Classified	<input type="checkbox"/>	SERS
Rehired Retiree	<input type="checkbox"/>	STRS <input type="checkbox"/> SERS

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Contract: \_\_\_\_\_

Actual Work Days: \_\_\_\_\_

CONTRACT EMPLOYEE	
Days on Duty _____	Attach a job calendar for all positions not following a standard 185, 240, or 260 day calendar.  Attach any necessary additional information for non-standard contract recommendation.
Holidays _____	
Vacation _____	
Total Days _____	
HOURS PER DAY	
<input type="checkbox"/> 7.5 <input type="checkbox"/> 8.0 <input type="checkbox"/> Other: _____	

— **OR** —

HOURLY EMPLOYEE
<input type="checkbox"/> Not to Exceed _____ Days Timesheets will be submitted for actual time.
<input type="checkbox"/> As Needed Timesheets will be submitted for actual time.
HOURS PER DAY
<input type="checkbox"/> 7.5 <input type="checkbox"/> 8.0 <input type="checkbox"/> Other: _____

PAY RATE	IS ELIGIBLE FOR:
<input type="checkbox"/> Annual Rate <input type="checkbox"/> Daily Rate <input type="checkbox"/> Hourly Rate     \$ _____ <input type="checkbox"/> Salary Adjustment	<ul style="list-style-type: none"> <li>Annuity Match up to \$750</li> <li>Personal Leave Payout up to 3 days at 60% of daily rate</li> <li>Any one-time lump sum bonus approved by ESC Board</li> </ul>
ESC Salary Schedule _____  Column _____  Step _____	

**ACTUAL ANNUAL SALARY COST** \$ \_\_\_\_\_

BENEFITS		
Pension 14% \$ _____	Medicare 1.45% \$ _____	BWC .5% \$ _____
<b>ANNUAL BENEFITS COST</b> \$ _____		

INSURANCE		
	Single	Family
Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Dental Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Vision Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Employee Share:	_____ 15%	
Insurance Begin Date:	_____	
Insurance End Date:	_____	
<b>ANNUAL INSURANCE COST</b> \$ _____		

**TOTAL ANNUAL EMPLOYEE COST TO DISTRICT** \$ \_\_\_\_\_

**— OVER —**

Recommended By:

Printed Name Signature Telephone No. Email Date

Approved By:

District Treasurer Printed Name Signature Telephone No. Email Date

Authorized By:

District Superintendent Printed Name Signature Date

Submit to Mr. Joe Chaddock, Superintendent, Stark County ESC, 6057 Strip Ave. NW, North Canton OH 44720 or via email to: holly.unkefer@starkesc.org, christina.smith@starkesc.org, or carole.sutton@starkesc.org

ESC TREASURER'S OFFICE USE ONLY

Benefits Eligible (> 30 hrs/wk) Leave Eligible (>120 days/yr)

Annual Leave Days: Sick \_\_\_\_\_ Personal \_\_\_\_\_ Vacation \_\_\_\_\_

Pay Account(s): \_\_\_\_\_ To Be Billed:  Monthly  Quarterly  Annually

Date of Board of Education Approval: \_\_\_\_\_