

BROWNSVILLE INDEPENDENT SCHOOL DISTRICT

2023 - 2024 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 Director

_____ Date

3 _____
Signature of Department Administrator

_____ Date

5 _____
Signature of Chief Human Resources Officer

_____ Date