

Instructional/Administrative Appointment Recommendation

Submitted by: _____ Program: _____ Date: _____

Directions: Complete entire form and submit with required attachments (incomplete forms will be returned).

Type of Employment (check one)

<input type="checkbox"/> Probationary Appointment (f-t, on-going, tenure-track) <input type="checkbox"/> Jarema credit ___ Y ___ N (term as a FT sub preceeding prob. appt.) <input type="checkbox"/> Part-time (less than 1.0 FTE) <input type="checkbox"/> Short-term Substitute (less than 3 consecutive months)	<input type="checkbox"/> Long-term Substitute (more than 3 consecutive months) <input type="checkbox"/> Temporary Assignment <input type="checkbox"/> Term Assignment (semester)
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Name: _____

Address: _____

Tenure Area: (For probationary appointments only - refer to policy manual section for number and description)
 Tenure Area Number _____ Description (exactly as it appears in policy book) _____

Effective Date of Appointment: Start _____ End _____ (end date only for term, substitute, or temporary appointment)

Position Title _____

New or Continuing Position (check one)

New

Continuing/Replacement – who previously held the position? _____

Why did he/she leave? _____

Location of Position:

Bldg: _____ Program: _____

Employee's Education/Employment Background: Provide a detailed summary of education, degree, previous work experience, or other information. Must include dates of education and previous work experience. Please attach an additional sheet if more space is required.

Employee's Certification Information: _____

Approval:

_____ <i>Assistant Superintendent/Director</i> <i>Date</i>	_____ <i>Supervisor of Human Resources</i> <i>Date</i>
_____ <i>District Superintendent</i> <i>Date</i>	

Required Attachments: (check off all that are attached)

<input type="checkbox"/> Personnel Data Sheet <input type="checkbox"/> Temporary Appointment Pending Board Action Form <input type="checkbox"/> Statement for Conditional/Emergency Conditional Appointment Form	<input type="checkbox"/> Fingerprint appointment scheduled for _____ <input type="checkbox"/> Employment Application <input type="checkbox"/> Copy of Certification/Transcripts (if applicable)	<input type="checkbox"/> Reference Checks (completed by administrator) <input type="checkbox"/> Copy of Request for Position <input type="checkbox"/> Employment Search Summary Form <input type="checkbox"/> I-9 Employment Eligibility Form <input type="checkbox"/> W-4 Federal Withholding <input type="checkbox"/> IT 2104 State Withholding
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Revised: _____