GULFPORT SCHOOL DISTRICT

Board of Trustees & Office of the Superintendent

NOTICE OF INTENT FOR EMPLOYMENT

_____ _____

NAME **POSITION**

Based upon the application which you have submitted, interviews, and other evidence at hand, you are being recommended for the position indicated above for the _____ school year at the minimum salary of $_____. (YTBD – yet to be determined)

Before a formal contract for your service can be issued, the following documents are required:

_____ **Valid Mississippi teaching license**

_____ **Verification of full-time teaching experience**

_____ **Official transcript of grades**

_____ **Copy of NTE or Praxis scores and test date (year)**

_____ **Two (2) reference forms**

_____ **Fingerprint, Criminal Records, Child Abuse Registry Check**

_____ **Drug Screening Report**

In view of the foregoing commitment, I will proceed to supply the data needed to complete my application and will immediately execute contract for the services indicated above when it is tendered to me.

_____ _____

DATE **SIGNATURE**

After clearance of indicated items and formal approval by the Board of Trustees, a standard contract will be issued to the employee.

_____

Superintendent

This form must be printed on white paper before submitting to Personnel.

District Offices • 2001 Pass Road • 228.865.4600 • 228.865.4718 fax
Gulfport School District • P. O. Box 220 • Gulfport, MS 39502 - 0220

GULFPORT SCHOOL DISTRICT
CERTIFIED EMPLOYEE RECOMMENDATION FORM

Name_____ **Date**_____

School_____ **Position/Grade/Subject**_____

Check one: Replacement ☐ **Replacement for** _____
New Position ☐

This form requires completion of temporary or provisional contract on previous page of this form by new employee.

DOCUMENTS AND PROCEDURES REQUIRED BEFORE FORMAL CONTRACT IS ISSUED.

	Actual Score	State Required Score
NTE/PRAXIS Speciality	_____	_____
Communication Skills	_____	_____
General Knowledge	_____	_____
Professional Knowledge	_____	_____
PRAXIS I	_____	_____
PRAXIS II	_____	_____
Grade Point Average	_____	NTE/PRAXIS Year _____

CHECK APPROPRIATE BLANKS THAT HAVE BEEN COMPLETED OR SUPPLY REQUESTED INFORMATION:

License Applied For	☐	Experience Verified	☐
License Received	☐	References Received	☐
Type of License	☐	References Checked	☐
Highest degree Earned	☐	Interview Complete	☐
College or University	☐	Evaluation Acceptable	☐
Last Employment	☐	Application Completed	☐
Transcript of Grades	☐	Years of Experience	☐
Salary (Annual)	☐	Number of Days	☐
Beginning Contract Date	☐	In-Service Date	☐
		(New teacher workshops before contract date)	

Recommended by _____

Approved by _____
Assistant Superintendent for Personnel and Operations

_____
Chief Financial Officer

_____
Superintendent

For Official Use Only:
Expenditure Code _____ **Employee No.** _____
Fingerprint and Criminal Records Background Check Completed _____
STATUS OF THIS RECOMMENDATION: **TEMPORARY APPROVAL** ☐ **DATE** _____
FINAL APPROVAL ☐ **DATE** _____

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