



CLARKSDALE MUNICIPAL
SCHOOL DISTRICT

BOARD RECOMMENDATION
NEW HIRE FORM
Send to HR

☐ Position Posted/Date: _____

BOARD APPROVAL STAMP:

Name: _____

Location: _____

Address: _____

DOB: _____

Telephone Number: _____

Effective Date: _____ Full-Time _____ Part-Time _____ Returning Retiree _____

Position Type: ☐ Certified ☐ Classified

If part-time, will employee work less than 30 hrs. per week? ☐ Yes ☐ No

Employee Being Replaced (new hires only): _____

Position/Subject Areas Taught and # Days of Employment: _____

Areas of Certification (attach license): _____

Source of Funding: _____

(Program Name, Title of Grant, Account Funding Code, etc.)

References Contacted: _____

Other Applicants Interviewed:

| | | |
|--|--|--|
| | | |
| | | |

Screening Committee Signatures

Date Screened: _____

Signature

Signature

Signature

APPROVED: _____

Date: _____

Current Supervisor/Principal

Date: _____

Fund Director/Officer

Date: _____

Director of Human Resources

SALARY ACTION

Certification #: _____ Certification Level: _____ Total Years of Experience: _____ Days of Employment: _____

Number of Days to be Worked this Fiscal Year: _____ Annual/Prorated Rate of Pay: _____ Hourly Rate: _____
(Salaried employees) (Hourly employees)

of Installments: _____ Amount of Each Installment: _____ Date of First Payment: _____

Human Resources / Date

Financial Officer/ Date

Calculation and Comments Page