Federal Programs Permission to Hire Form

Applicant Information:

Name: _____ Social Security # _____

Current School: _____ Current Position: _____

Position Applying for:

School Name: _____ Start Date: _____

Position Applying for: _____ New Position? ____ Yes ____No

Person Replacing: _____

Check one in each area:
_____ Permanent _____ Temporary _____ Full Time _____ Part Time

Budget Code: _____ Insurance: _____ Yes _____No
 (To be filled in by Federal Programs Dept.)

Education:

Certified Position:
   Highest Degree Acquired: _____

Paraprofessional Position: (check one and attach documentation)

_____ Assoc. Degree or Above _____ 48 hrs   _____ Para Pro Test *(450 is passing)*

Is the Person you are recommending an immediate family member? If NO, this recommendation may proceed.
Immediate Family Member - includes the person's (your) children, the spouses of the person's children, the person's brothers and their spouses, the person's sisters and their spouses, parents, spouse, and the parents of the person's spouse.
(Grant positions are year to year positions-they are contingent on funding)

Approval Signatures:

_____   _____
            Principal   Date

_____   _____
     Administrative Director, C & I   Date

_____   _____
    Director of Federal Programs   Date

_____   _____
       Personnel Department   Date

Form must be received by the Federal Programs Dept. BEFORE applicant's starting date

Once approved, submit Employee Recommendation Form to the appropriate personnel supervisor.