

CRAVEN COUNTY SCHOOLS

Recommendation for Employment

Date: _____ ☐ Licensed Position ☐ Classified Position
☐ New Employee ☐ Transfer/Reassignment From: _____/_____

Recommendation of: _____ Location (School/Division): _____

Race: ☐ Caucasian ☐ African-American ☐ American Indian/Alaska ☐ Native Asian ☐ Native Hawaiian
☐ Other Pacific Islander **Is the individual Hispanic/Latino?** ☐ Yes ☐ No **(Must be answered by all)**

Recommendation for: ☐ Employment ☐ Extended Employment ☐ Budget Code Change
☐ Supplement/Stipend ☐ Other: _____

Position of: _____ Social Security #: _____ Sex _____ Date of Birth _____

To replace: _____ Position #: _____ Reason: _____

EMPLOYMENT STATUS:

Alternative License: ☐ Yes* ☐ No

*If YES, contact the Licensure Specialist prior to submitting the recommendation.

Date contacted Licensure Specialist: _____

Position: ☐ Permanent ☐ Annual ☐ Temporary ☐ Interim ☐ 10 month ☐ 10+1 month ☐ 12 months

Start Date: _____ Ending Date: _____ Total hours per week: _____

Budget Code: _____

Reference Check: The Telephone Reference Form (Attachment C) should be submitted with this recommendation

Has employee ever been on an Improvement Plan? ☐ Yes ☐ No Eligible for re-hire? ☐ Yes ☐ No

***Asst. Superintendent of Human Resources must be contacted for any unusual circumstances**

Administrator Date

Program Director (if applicable) Date

Asst. Superintendent of Human Resources Date

Superintendent Date

COMMENTS:	EMPLOYEE CONTACT INFORMATION: PHONE #: _____ PERSONAL EMAIL ADDRESS: _____
FINANCE: Hire Date: _____ % Employed: _____ Pay Level: _____ Salary/Hourly Rate: _____ Pay Supplement: ___ Yes ___ No Eligible for Health Insurance: ___ Yes ___ No Eligible for Retirement: ___ Yes ___ No ___ Installment Form ___ Tax Forms ___ Direct Deposit Form	LICENSURE SPECIALIST: ___ BT: _____ Position #: _____ Licensure Status: _____ _____ _____