

VACANCY / EMPLOYMENT RECOMMENDATION

V 4.01 - 01/2026

SECTION 1: VACANCY AND/OR POSTING (TO BE COMPLETED BY SUPERVISOR)

Name of Person Initiating Request: Date:

Does position need to be posted? ☐ If yes, where should applicants mail information?

What phone number should be listed on the posting? Ext.

Position: Person Replacing:

Home Building: Program/Service Area:

Supervisor: Credential Required:

Anticipated Contracted Schedule:

Hrs/Day: Days/Wk: Paid Days/Full School Yr: Prorated for Current Year:

Proposed Start Date: or ASAP ☐ Date Posted: (To be completed by Director)

SECTION 2: EMPLOYMENT RECOMMENDATION (TO BE COMPLETED BY SUPERVISOR)

Legal Name: RECOMMENDATION:

Address:

Possesses Needed License: ☐

If yes, ODE Credential Type:

Preferred Phone: Teaching Field/End/Bd.License:

Alternate Phone: If no, applicant:

Personal Email: Is applicant properly licensed? ☐

Actual Start Date:

Approved **Work** Schedule:

Hrs/Day: Days/Wk: **Work** Days/Full School Yr:

Work Days (This Year):

Paid Days/Full School Yr: Paid Days (This Year):

Employment Type:

☐ Contract Type:

☐ Supplemental Contract:

Salary Schedule:

Degree:

Salary Level:

Actual Years of Educational Exp:

Years of Military Exp:

Comments

For Certified Staff Only

Entry Year Status:

Mentor:

If RE, has Mentor completed RE training? ☐

If no, has mentor signed up for training? ☐

Pay by Time Sheet? ☐

Has applicant ever retired under any public employment? ☐

Has applicant ever had continuing contract? ☐

Has applicant ever subbed for our ESC? ☐

Has written consent for this position been received? ☐

Supervisor Email Address:

SECTION 3: ADMINISTRATIVE APPROVALS

Date of Board Meeting: Length of Contract:

Comments/Notes

Director Approved:

Superintendent Approved:

For Office Use Only

days x hrs per day x per hr / day =

(gross salary)

pays

=

(gross per pay)

 FTE sick days per month personal days this year

Payroll Notes:

Payroll Complete