Itawamba County School District

BOARD RECOMMENDATION

NEW HIRE FORM

SEND to Board Clerk

BOARD APPROVAL STAMP:

Date: _____ Location: _____

Legal Name: _____

Address: _____

Telephone Number: _____ Alternate Telephone Number: _____

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

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

Position Type: ◯ Certified ◯ Non-Certified

Does this employee have a current MS Teaching License (if applicable): ◯ Yes ◯ No ◯ Pending Licensure

Employee Being Replaced (new hires only): _____

Position/# Days of Employment: _____

Recommended Rate of Pay: _____

(only reference the rate of pay, years of experience will be verified by HR EX: 12M Janitor SS/Step 4)

Areas of Certification (attach license): _____

Is the Employee National Board Certified? ◯ Yes ◯ No

(If yes, attach certification)

Will this employee receive supplements? ◯ Yes ◯ No

(If yes, submit a Supplemental Duties Form)

List References Contacted: _____

_____

Approved:

_____ _____

Supervisor/Principal Date

_____ _____

Superintendent Date

District Office Only

Salary Schedule Reference: _____

Certification #: _____ Certification Level: _____ Total Years Experience: _____

Days of Employment: _____ Number of Days to be Worked this Fiscal Year: _____

Annual/Prorated Rate of Pay: _____ Hourly Rate: _____ # of Installments: _____

Date of First Payment: _____

_____ _____

Assistant Business Manger/Date Business Manager/Date

RESET