STARK COUNTY EDUCATIONAL SERVICE CENTER

RECOMMENDATION TO HIRE

It is recommended that the Stark County Educational Service Center hire the following individual for the position as stated.

District/Department: _____

Person to be Hired: _____

Position Title: _____ EMIS Position Code: _____

Primary Work Location: _____

District Email: _____

Personal Email: _____

Funding Source: _____

Employee Being Replaced: _____

Supervisor Name: _____ Department: _____

Supervisor Email: _____

Certified	☐ STRS	
Classified	☐ SERS	
Rehired Retiree	☐ STRS	☐ SERS

	Start Date	End Date
Contract:	_____	_____
Actual Work Days:	_____	_____

CONTRACT EMPLOYEE

Days on Duty _____

Holidays _____

Vacation _____

Total Days _____

Attach a job calendar for all positions not following a standard 185, 240, or 260 day calendar.

Attach any necessary additional information for non-standard contract recommendation.

HOURS PER DAY

☐ 7.5 ☐ 8.0 ☐ Other: _____

— OR —

HOURLY EMPLOYEE

☐ Not to Exceed _____ Days
Timesheets will be submitted for actual time.

☐ As Needed
Timesheets will be submitted for actual time.

HOURS PER DAY

☐ 7.5 ☐ 8.0 ☐ Other: _____

PAY RATE

☐ Annual Rate

☐ Daily Rate

☐ Hourly Rate $ _____

☐ Salary Adjustment

ESC Salary Schedule _____

Column _____

Step _____

IS ELIGIBLE FOR:

- Annuity Match up to $750
- Personal Leave Payout up to 3 days at 60% of daily rate
- Any one-time lump sum bonus approved by ESC Board

ACTUAL ANNUAL SALARY COST $ _____

BENEFITS

Pension 14% $ _____ Medicare 1.45% $ _____ BWC .5% $ _____

ANNUAL BENEFITS COST $ _____

INSURANCE

	Single	Family
Health Insurance	☐	☐
Dental Insurance	☐	☐
Vision Insurance	☐	☐

Employee Share: _____ 15% _____

Insurance Begin Date: _____ _____

Insurance End Date: _____ _____

ANNUAL INSURANCE COST $ _____

TOTAL ANNUAL EMPLOYEE COST TO DISTRICT $ _____

— OVER —

Recommended By: _____

Printed Name | Signature | Telephone No. | Email | Date

Approved By: _____

District Treasurer Printed Name | Signature | Telephone No. | Email | Date

Authorized By: _____

District Superintendent Printed Name | Signature | Date

Submit to Mr. Joe Chaddock, Superintendent, Stark County ESC, 6057 Strip Ave. NW, North Canton OH 44720
or via email to: holly.unkefer@starkesc.org, christina.smith@starkesc.org, or tom.nunziato@starkesc.org

ESC Treasurer's Office Use Only

Benefits Eligible (> 30 hrs/wk) Leave Eligible (>120 days/yr)

Annual Leave Days: Sick _____ Personal _____ Vacation _____

Pay Account(s): _____ To Be Billed: ☐ Monthly ☐ Quarterly ☐ Annually

Date of Board of Education Approval: _____