Hazlehurst City School District
Excellence is the Expectation
Dr. Nonya C. Thrasher, Interim Superintendent
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HUMAN RESOURCES

PERSONNEL RECOMMENDATION FORM

Department/School: _____

Applicant/Employee: _____

Position/Title: _____

Certified Employee: _____ Yes _____ No Licensure #: _____

New Employee: _____ Yes _____ No Replacing: _____

Check One: _____ Recommended Hire _____Change of Position

_____ Termination _____Resignation*

_____ Retirement _____Leave of Absence

Requested Start Date: _____

Submitted By: _____ Date: _____

Personnel Department Only

Annual Salary: _____ Days to be Employed: _____ Certified: _____ Years* _____

Hourly Rate: _____ Days to be Employed: _____ Classified: _____ Steps*:_____

Daily Rate: _____ Days to be Employed: _____

_____ Pending Background Checks _____ Pending Verification of Experience

_____ _____
Human Resource Specialist Date

Final Review for Board Approval

_____ Background Check Reviewed/Approved

_____ _____
Superintendent Date

*Attach a copy of the employee's signed resignation form
*Years and Steps will be verified