

**PULASKI COUNTY SPECIAL SCHOOL DISTRICT
CERTIFIED EMPLOYMENT RECOMMENDATION FORM**

SCHOOL YEAR 20____ - 20____

Employee ID or Social Security #: _____ Effective Date: _____

Employee Name _____ is recommended for the certified position of _____, _____, _____ at _____ school or division.

List actual teaching assignments and supplemental contracts if applicable.

These assignments are tentative and subject to change at the discretion of administration and pending PCSSD Board of Education approval.

____ New Position	____ Permanent	____ Temporary for: _____ (length of time)
____ Reclassification of Present Employee	____ Full Time	____ Part Time ____ % FTE
____ Transfer	Replacement for: _____	

I verify that the applicant is licensed to teach: _____ ALP Required: Yes ____ No ____
(Title 1 schools cannot employ teachers who are not Highly-Qualified at time of hire)

I HAVE CONTACTED AT LEAST **THREE** REFERENCES. YES ____ NO ____

At least one of the references must have supervised the applicant.

1. _____ Name/Title (Supervisor)	_____ Date
2. _____ Name/Title	_____ Date
3. _____ Name/Title	_____ Date
_____ Administrator	_____ Date

In case of emergency, notify _____ Telephone _____

FUND/SOURCE OF FUNDS	FUNCTION	LOCATION	PROGRAM	SUBJECT	OBJECT 6 _____
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PERSONNEL DIVISION USE ONLY

1. Verification of minimum qualifications	Yes	No	
	____	____	
2. Recommendation is in compliance with the Desegregation Plan. If not acceptable, written justification by the supervisor is approved.	Yes	No	
	____	____	

Assistant Superintendent for Human Resources/Director of Human Resources _____ Date