

PULASKI COUNTY SPECIAL SCHOOL DISTRICT SUPPORT STAFF PERSONNEL RECOMMENDATION FORM

School Year 20 ____ - 20 ____

I recommend _____ as a _____

for _____ School/Department. I have interviewed the applicant and find them qualified to hold the position. **Para-Professionals must be Highly-Qualified at the time of hire.**

I have contacted at least three references on this applicant and one of them directly supervised the applicant. YES NO

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

- | | |
|--|---|
| <input type="checkbox"/> New Hire (Replacing _____) | <input type="checkbox"/> Reclassification of Present Employee |
| <input type="checkbox"/> Substitute Employee (used whenever regular employee is out)
Substituting for _____ | <input type="checkbox"/> Temporary Employee (Used only by prior approval of HR) |

Date	Administrator or Department Manager
Date	Assistant Superintendent of Human Resources / Director of Human Resources

<p>_____</p> <p>Last Four Digits of SSN or Employee ID Number</p> <p>In case of emergency, notify _____ Telephone _____</p>					
First Date To Work	Contract Code	Hours Per Day	Range/Step/ Hourly Rate	Board Agenda	
Fund/Source of Funds	Function	Location	Program	Subject 00	Object 6_____
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