

Personnel Recommendation Form

School/Location _____

Candidate's legal name (Last, First, Middle) _____

Candidate's phone number _____

Tennessee Teaching License Number _____

Teaching Assistant Highly Qualified Documentation _____

Is recommended to fill the ☐ professional ☐ classified position of _____

This position was vacated by _____ on _____ Who left due to:

☐ Resignation ☐ Retirement ☐ Long Term Leave ☐ Transferred to _____ ☐ Other _____

Name Date
school/department

This Action is: ☐ New Hire Permanent ☐ New Hire Interim ☐ Part-time ☐ Temporary position ☐ Transfer

Principal/Supervisor Signature _____ Date _____

CENTRAL OFFICE USE ONLYRequest is: ☐ Approved ☐ Rejected effective start date: _____

Notes: _____

Funding Source: General____ Federal____

Budget Pay Code _____

Pay per Time Sheet _____

Certified Position Information:

Degree _____ Years _____ # Days per Year _____

Classified Position Information:

Category _____ Years _____ Hourly rate _____ # Hours per Day _____ # Days per Year _____

Program Supervisor _____

Title _____

Date _____

HR Department/Date _____

Finance Director/Date _____

Director of Schools/Date _____

Distributions/Data Entry:☐ Siesta☐ Principal/Supervisor☐ Edison

MBC

☐ Payroll☐ Board☐ Delta Dental☐ FP☐ ReadySub☐ AOD

ORIGINAL IS BLUE