

Rappahannock County Public Schools
Recommendation Form

This form is to be completed by the Principal or Supervisor of the Recommended Employee

Applicant's Name: _____

Reason for Recommendation: _____ Employment _____ Supplemental Stipend

_____ Training _____ Training Dates

Rate of Pay _____ (To be approved by Superintendent)

Funding Source _____

_____ Transfer Change of Location: _____ RCES _____ RCHS

Position: _____

Grade and Subject if teacher: _____

Name of Person Replacing: _____

Employment Status: ___ Full-time ___ Part-time ___ Other _____

Home Address: _____

SS Number: _____

Daytime Phone: _____

Recommended start date: _____

References have already been contacted: ___ Yes ___ No

Applicant must have all pre-employment paperwork completed with Human Resources Before the start date.

Supervisor's Signature Date
(Return this form to Human Resources)

Human Resources Date

Superintendent Date

To be completed by Human Resources:

Step: _____ Scale: _____ Box: _____

Covenant _____ Continuing Contract _____

Rate: _____ Duration: _____

This recommendation for employment is contingent upon the applicant's meeting all requirements for pre-employment including (if applicable) qualifying for or holding a Virginia State Teaching License and final approval by the Rappahannock County School Board.