

## NEW EMPLOYEE RECOMMENDATION

Superintendent Approval						
Yes	No					
Signature						
Date	_					

New Employee Nan	nployee Name: Today's Date:							
Position:		Location:						
Projected Start Date	e:	FTE or W	/eekly I	Hours:	ours: Contract Days:			
Position Type: L	icensed	Classified		Administr	ative	Contract Se	ervices	
Is this a New FTE?	No		Yes					
Is this a Replaceme	nt?	No	Yes (	Replacing \	Who?)			
Reason for replacer	nent:							
THE FOLLOWING D	OCUMENTS N	ИUST BE AT	TACHE	D TO THIS	RECOMME	ENDATION:		
				YES	NO			
Application and Inte	erview docum	nents						
Required Employme	ent Check							
Reference Checks								
Please list the mem	bers of the hi	ring commi	ittee: _					
Please provide any	special circun	nstances or	pertine	ent inform	ation regar	ding this nev	w hire:	
Budget/Funding So	urce:			_ Account	Number: _			
Administrator		 Date		Associate	Superinter	ndent, HR	 Date	

Signed document and required forms must be submitted together to Veronica in the Human Resources Department. Incomplete information cannot be accepted.