

**STAFF RECOMMENDATION FORM**

SCHOOL/LOCATION \_\_\_\_\_ LOC# \_\_\_\_\_

<input type="checkbox"/> NEW HIRE	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> ADVERTISED - JobID # _____
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Position Title \_\_\_\_\_

Subject Area \_\_\_\_\_ Grade Level \_\_\_\_\_

Person Being Replaced \_\_\_\_\_ Transfer  Retire  Leave  Resign

Reason for Vacancy \_\_\_\_\_

Funding Source (account code) \* \_\_\_\_\_ Position Number\* \_\_\_\_\_

Full Time  Part Time  If part time, no. hrs per day \_\_\_\_\_ Requested Effective Date \_\_\_\_\_

If this is a grant-funded position, has the appropriate grant office been notified?  Yes  No

\* Review your Position Control Report to obtain the accurate Position Number.

**PLEASE NOTE:** If this is a replacement position, please specify above the name of the employee being replaced and the reason for the employee's resignation, leave of absence, etc. *Also, attach the employee's letter of resignation or request for leave of absence.*

**LIST ALL CANDIDATES INTERVIEWED FOR POSITION:**

Name	Race/Sex	Name	Race/Sex
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

**COMMITTEE RECOMMENDATION:**

Name	Race/Sex	Phone Number
1.		
2.		
3.		

**INTERVIEW COMMITTEE:**

1. _____ <p align="center"><i>Chairperson</i></p> 2. _____ 3. _____	4. _____ 5. _____ 6. _____
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**Authorization Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PRINCIPAL or COST CENTER HEAD SIGNATURE  
 (indicates consultation with the school's SBDM Council and compliance with the school's SBDM hiring policy, where one exists)

<b>For HR use only:</b>	<b>Total # of Applicants:</b> _____
Waiver Reason:	_____

Sign, scan, and email to the appropriate HR Assistant or Certified Staffing Consultant.