



SHARYLAND ISD STAFF RECOMMENDATION FORM

TO: SHARYLAND ISD HUMAN RESOURCES DEPT.

FROM: _____

CAMPUS: _____

RE: RECOMMENDATION OF EMPLOYMENT

Office Use Only

TO BE FILLED OUT BY SUPERINTENDENT

APPROVED NOT APPROVED

SUPERINTENDENT'S INITIALS _____

Date _____

BOARD APPROVAL DATE: _____

I hereby recommend _____, SSN _____
for the position of * _____, at the campus of _____ to replace **

New Position Transfer Resignation (Name of Replacement) _____

TO BE FILLED IN BY RECOMMENDING PRINCIPAL/DEPARTMENT HEAD

<input type="checkbox"/> Regular Instruction ____% BC: _____	<input type="checkbox"/> Special Education ____% BC: _____	<input type="checkbox"/> Title I ____% BC: _____
<input type="checkbox"/> State Compensatory ____% BC: _____	<input type="checkbox"/> ESL ____% BC: _____	<input type="checkbox"/> Other ____% BC: _____
<input type="checkbox"/> Career and Technology ____% BC: _____	<input type="checkbox"/> Bilingual ____% BC: _____	<input type="checkbox"/> GT ____% BC: _____
For induction year teachers only. Name of mentor teacher _____		

*BC- Budget Code

Yes No

This applicant is fully certified for specific position hired

This applicant is eligible for a permit according to the Personnel Office.....

Is this applicant related to you in any way? (affinity or consanguinity) (DBE Local).....

The references for this applicant have been thoroughly checked.....

List names of references contacted:

(For experienced personnel, the previous administrator has been contacted; document his/her comments and attach to this form.) This applicant was interviewed by the following committee members:

Principal/Department Head Signature: _____ Date: _____

TO BE FILLED IN BY PERSONNEL DEPARTMENT

Checked Personnel File: Clear Concerns Initials _____

NCLB Highly Qualified Professional _____ Paraprofessional _____ hrs. Initials _____

Checked Transcript Yes No GPA _____ Initials _____ Master's Degree Yes No Area _____

The applicant has signed that he/she has no felony convictions Yes No Initials _____

Checked criminal history Clear _____ Concerns _____ Unacceptable _____ Initials _____

Executive Director for Human Resources

Date

Human Resources Specialist

Date

PLEASE NOTE: You must state whom applicant is replacing. The staff recommendation form must be filled completely. A completed applicant's file is required to be considered for employment.