

Board Approval Date _____

Tate County School District Personnel Recommendation

Mr.

Ms. _____ **Date** _____

Dr.

Social Security Number _____ Telephone _____

Address _____

Street/PO Box City ST ZIP

To fill the position of _____ at _____ (location)

Effective _____, 20____. The salary will be commensurate with the appropriate Tate County School District salary schedules for _____ days.

This person replaces _____ at _____ (location)

_____ Certified Position _____ Classified Position _____ New Position

The recommendation is approved pending:

_____ Criminal Background and child Abuse Registry Clearance

_____ Receipt of Valid Teacher License

_____ Verification of _____ Years of Experience with a _____ certificate

_____ Release from Existing Contract

_____ Suicide Prevention Training

Experience:

Place of Employment From (date) To (date) No. of Years

Place of Employment From (date) To (date) No. of Years

Place of Employment From (date) To (date) No. of Years

Persons interviewed/reviewed for this position:

Approvals:

Principal Date

Superintendent Date

Fund Administrator Date