



Calhoun County School District
School Year

Personnel Recommendation Form

The following recommendation for employment with the Calhoun County School Board is contingent upon successful completion of a fingerprint analysis and (if required), a pre-employment physical.

NAME: _____

ADDRESS: _____
P.O BOX OR STREET CITY STATE ZIP

DATE OF BIRTH: _____

CERTIFICATION AREA(S): _____

JOB TITLE AND SITE: _____

IN FIELD: _____ OUT OF FIELD: _____

NUMBER OF MONTHS TO BE WORKED PER YEAR: (9, 10, OR 12): _____

NUMBER OF HOURS TO BE WORKED EACH DAY: _____

NUMBER OF YEARS OF EXPERIENCE TO BE CREDITED: _____

TENTATIVE SALARY: _____

TYPE OF DEGREE: AA ___ BA OR BS ___ MA OR MS ___ SPEC ___ PhD ___
(CHECK ONLY ONE)

FIRST DAY OF EMPLOYMENT IS TO BE: ___/___/___ (Contingent upon successful completion of fingerprint analysis and/or pre-employment physical.)
MM DD YY

NEW POSITION: ___ YES ___ NO (If not, fill out next line)

REPLACEMENT FOR: _____

ADMINISTRATOR'S SIGNATURE: _____

TITLE: _____ DATE: _____

FOR OFFICIAL SCHOOL BOARD USE ONLY. DO NOT WRITE IN NEXT SECTION.

DATE OF TENTATIVE BOARD APPROVAL ___/___/___
Month Day Year