Calhoun County School District

_____ School Year

Recommendation for Long-Term Substitute

Substitute

Full Name: _____
Last *First* *M.I.*

School/Site: _____ Position: _____

Beginning Date: _____ Ending Date: _____

Working For: _____ Florida DOE #: _____

Principal

I recommend the hiring of the above individual as a long-term substitute (more than four weeks in the same position). I also recommend that they receive substitute pay as per the Calhoun County Salary Schedule for the first four weeks and beginning teacher pay (if a teacher) based on their degree level beginning with the fifth week.

_____ _____
Principal's Signature Date

Human Resources Only

Certificate Type (if applicable): _____ Expiration: _____

Subjects: _____

Comments: _____

_____

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