

WBRPSS Personnel Recommendation Form For Classified Employees

TO BE COMPLETED BY PRINCIPAL/SUPERVISOR

NAME _____ SS# _____

POSITION _____ LOCATION _____

WORK STATUS _____ FULL TIME _____ TEMPORARY _____ EXTENDED DAY
 _____ PART TIME _____ SEASONAL/SUMMER _____ EXTENDED YEAR

LENGTH OF EMPLOYMENT: _____ 12 Months _____ 10 Months _____ Months
 _____ 11 Months _____ 9 Months _____ Days

HIRING STATUS _____ New Hire _____ Promotion _____ New Position
 _____ Filling Vacancy _____ Reassignment from _____
 _____ Replacement (Replacing _____ SS# _____)
 _____ Substituting for _____ SS# _____)
 _____ Head Start Program:
 _____ Highly Qualified
 _____ Non-Highly Qualified **(Head Start Only)*

FUNDING SOURCE _____ General Fund _____ Other Source _____
 Requested beginning date _____ Ending date for temp. or substitute _____

(Beginning date will be determined by the Human Resources Department, and employee should not start until approved by the appropriate supervisor in Human Resources)

RECOMMENDED BY _____ DATE _____
 POSITION _____

TO BE COMPLETED BY HUMAN RESOURCES:

PRAXIS COMPLETED _____ YES _____ NO STATE DEPT. TEST _____ YES _____ NO
 ASSOCIATES DEGREE _____ YES _____ NO SCORE _____
 WBR CLERICAL TEST _____ YES _____ NO
 2 YEARS OF COLLEGE _____ YES _____ NO 4 YEAR COLLEGE DEGREE _____ YES _____ NO
 (With at least 48 credit hours)

EFFECTIVE DATE: BEGINNING DATE: _____ ENDING DATE: _____

SIGNATURE: _____

TO BE COMPLETED BY FEDERAL PROGRAMS/FINANCE DEPARTMENT

This is an approved position _____ YES _____ NO
 FUNDING SOURCE (OTHER THAN FEDERAL/STATE PROGRAM) _____
 FEDERAL/STATE PROGRAM NAME: _____
 FEDERAL/STATE PERCENTAGE _____

FUND # _____	PROGRAM _____	SUB-PROGRAM _____	OBJECT _____	LOC: _____
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FUND # _____	PROGRAM _____	SUB-PROGRAM _____	OBJECT _____	LOC: _____
FUND # _____	PROGRAM _____	SUB-PROGRAM _____	OBJECT _____	LOC: _____

APPROVAL SIGNATURES

_____ JOSHUA LANGLOIS, SUPERVISOR BUSINESS SERVICES	_____ DATE	_____ APPROVED _____ YES _____ NO
_____ ANNETTE MIRE, ASSOCIATE SUPERINTENDENT - HR	_____ DATE	_____ APPROVED _____ YES _____ NO