

WBRPSS Personnel Recommendation Form For Certified/Licensed Personnel

(To be completed for hiring, transferring, promotion and budget reclassification)

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 (Substituting for _____ SS# _____)
_____ Head Start Program:
_____ Certified Head Start Teacher
_____ Degreed/Non-certified Head Start Teacher
_____ Non-certified/Non-degreed Head Start Teacher

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

CERTIFICATION _____ Certified _____ OP Practitioner Teaching License 1 2 3 4
_____ OFAT* *Were six (6) hours completed? _____ YES _____ _____ EEL _____ MAT
_____ TFA _____ LRCE
SELECT ONE

HIGHLY QUALIFIED _____ YES _____ NO

Basis of decision _____

EFFECTIVE DATE: BEGINNING DATE: _____ ENDING DATE: _____

LEVEL _____ STEP _____ GRADE _____

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: _____

APPROVAL SIGNATURES

JOSHUA LANGLOIS, SUPERVISOR BUSINESS SERVICES _____ DATE _____

APPROVED

_____ YES _____ NO

ANNETTE MIRE, ASSOCIATE SUPERINTENDENT – HR _____ DATE _____

_____ YES _____ NO