

**WBRPSS Personnel Recommendation Form For
Persons Hired Under a Temporary Authority to Teach Emergency Permit**

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

HIRING STATUS _____ New Hire _____ Promotion _____ New Position
 _____ Filling Vacancy _____ Reassignment from _____
 _____ Replacement (Replacing _____ SS# _____)
 _____ Substituting (Substituting for _____ SS# _____)

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: _____ TEP _____ TAT* *Were six (6) hours completed _____ YES _____ NO

PRAXIS COMPLETED: _____ YES _____ NO

PRESCRIPTIVE PLAN COMPLETED: _____ YES _____ NO SIGNATURE _____

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

APPROVED

 JOSHUA LANGLOIS, SUPERVISOR BUSINESS SERVICES DATE _____ YES _____ NO

 ANNETTE MIRE, ASSOCIATE SUPERINTENDENT - HR DATE _____ YES _____ NO