

Recommendation for Employment/Hiring Approval Form

To Be Completed By School Principal, Dept. Supervisor and/or Project Coordinator:

Applicant Name: _____		Date: _____	
Name of Job Position: _____		Location of Position: _____	
Is Job Position: (PLEASE CIRCLE ONE)			
CERTIFIED		CLASSIFIED	
# of days to work in the Fiscal Year (July to June): _____		# of hours worked per day: _____	
Applicant's Official Start Date: _____		# of days to work in the Fiscal Year (July to June): _____	
		Applicant's Official Start Date: _____	
Funding/Coding for Payroll: _____			
(EXAMPLE: Will this be Grant Funded or paid from General Funds by the Board of Education)			
Date of SBDM Consultation: _____			
Principal Signature _____		Date _____	
		Dept. Supervisor/Budget Coordinator Signature _____	
		Date _____	

To Be Completed By Central Office Personnel and/or Superintendent

STIPEND/EXTRA SERVICE			
Rate of Pay: _____			
CERTIFIED		CLASSIFIED	
Rank: _____	# of Experienced Years: _____	# of Experienced Years: _____	
Rate of Pay: _____	Annual Salary _____	Rate of Pay: _____	Hourly Rate _____
Retirement System: (PLEASE CIRCLE ONE) KTRS or CERS		Date Background Check Completed: _____	
Superintendent _____			Date _____

<input type="checkbox"/> 2 G DAYS	<input type="checkbox"/> 2 P D DAYS	<input type="checkbox"/> 4 HOLIDAYS	<input type="checkbox"/> OPENING/CLOSING DAY
<input type="checkbox"/> 4 G DAYS	<input type="checkbox"/> 4 P D DAYS		

Review/Revised:11/14/2016