

RECOMMENDATION AND APPOINTMENT OF PERSONNEL

INSTRUCTIONS: Administrators - complete this form when recommending employees for appointment. Submit to Human Resources with appropriate documentation. This appointment will be placed on the Agenda at the next meeting of the School Board.

I hereby recommend the individual listed below for employment:

NAME: (As printed on <u>Social Security Card</u>)	EIN#	Position Control #		
TYPE OF APPOINTMENT (Check all that apply)				
<input type="checkbox"/> First time employment or re-hire of separated employee. <input type="checkbox"/> Reappointment of employee currently working in district <input type="checkbox"/> Transfer from position: _____/Center _____ to position _____/Center _____ <input type="checkbox"/> Temporary Employment (20 days to 6 months). Replacing: _____ OR <input type="checkbox"/> NEW Position <input type="checkbox"/> Other (OPS) <input type="checkbox"/> 2 nd Position w/WCSB. Replacing: _____ OR <input type="checkbox"/> New Position OR <input type="checkbox"/> Student worker				
POSITION APPOINTED TO:	PLACE OF EMPLOYMENT (School/Department):			
IF INSTRUCTIONAL/ADMINISTRATIVE, TYPE OF CONTRACT: <input type="checkbox"/> Annual (_____ year) <input type="checkbox"/> Professional Service <input type="checkbox"/> Multi-Year Contract from _____ to _____				
IF NON-INSTRUCTIONAL, STATUS: <input type="checkbox"/> Probationary-Annual (_____ year) <input type="checkbox"/> Non-Probationary				
SALARY ITEM #:	YEAR OF SERVICE:	FUND/PROJECT:		
If Part-time, number of hours employee will work per day: _____ Number of days per week: _____				
TERM OF SERVICE: School Year _____ OR Fiscal Year _____ If less than year, enter Beginning Date _____ and Ending Date _____ If Special Assignment, total number of days: _____				
ADVANCED DEGREE: Administrators – fill out below <u>only if this is a first time or re-hire appointment</u> The above named employee qualifies for the following salary stipend as evidenced by the <u>attached</u> official transcript with confer date. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Paraprofessionals: <input type="checkbox"/> Highly Qualified Parapro – AA Degree <input type="checkbox"/> Highly Qualified Parapro – Passed Praxis Exam <small>(official scores attached)</small> </td> <td style="width: 50%; border: none;"> Instructional Personnel <input type="checkbox"/> Masters Stipend <input type="checkbox"/> Specialist Stipend <input type="checkbox"/> Doctorate Stipend </td> </tr> </table> Administrators, please complete and return to HR the <u>Advanced Degree Stipend Form</u> for Instructional Personnel or Paraprofessionals who acquire a degree, pass the Praxis Exam or receive transcripts after initial appointment			Paraprofessionals: <input type="checkbox"/> Highly Qualified Parapro – AA Degree <input type="checkbox"/> Highly Qualified Parapro – Passed Praxis Exam <small>(official scores attached)</small>	Instructional Personnel <input type="checkbox"/> Masters Stipend <input type="checkbox"/> Specialist Stipend <input type="checkbox"/> Doctorate Stipend
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Administrator's Signature: _____ Date _____				
Appointed and Approved by the Wakulla County School Board: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> _____ Superintendent's Signature </td> <td style="width: 50%; border: none;"> _____ Approval Date </td> </tr> </table>			_____ Superintendent's Signature	_____ Approval Date
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