

### Personnel Recommendation Form

School/Location \_\_\_\_\_

\_\_\_\_\_  
Candidate's legal name (Last, First, Middle)

\_\_\_\_\_  
Candidate's phone number

\_\_\_\_\_  
Tennessee Teaching License Number

\_\_\_\_\_  
Teaching Assistant Highly Qualified Documentation

Is recommended to fill the  professional  classified position of \_\_\_\_\_

This position was vacated by \_\_\_\_\_ on \_\_\_\_\_ Who left due to:

Resignation  Retirement  Long Term Leave  Transferred to \_\_\_\_\_  Other \_\_\_\_\_  
Name Date school/department

This Action is:  New Hire Permanent  New Hire Interim  Part-time  Temporary position  Transfer

\_\_\_\_\_  
Principal/Supervisor Signature Date

#### CENTRAL OFFICE USE ONLY

Request is:  Approved  Rejected effective start date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Budget Pay Code \_\_\_\_\_ Pay per Time Sheet \_\_\_\_\_

**Certified Position Information:**

Degree \_\_\_\_\_ Years \_\_\_\_\_ # Days per Year \_\_\_\_\_

**Classified Position Information:**

Category \_\_\_\_\_ Years \_\_\_\_\_ Hourly rate \_\_\_\_\_ # Hours per Day \_\_\_\_\_ # Days per Year \_\_\_\_\_

\_\_\_\_\_  
Program Supervisor Title Date

\_\_\_\_\_  
HR Department/Date Chief Financial Officer/Date Director of Schools/Date

Distributions/Data Entry:

- Siesta  Principal/Supervisor  Edison
- Payroll  Board  Delta Dental

ORIGINAL IS BLUE