AMITE COUNTY SCHOOL DISTRICT

RECOMMENDATION FOR EMPLOYMENT

(DUE INTO SUPERINTENDENT'S OFFICE AT LEAST ONE WEEK PRIOR TO BOARD MEETING)

EMPLOYEE :	NAME:					
SOCIAL SEC	URITY #:					
POSITION						
LOCATION:						
DATE EMP E	BEGINS:					
CHECK ONE	: ()	REPLACEMENT I				
	()	NEW POSITION PROVIDE JUSTIFICATION	ON BELOV	<i>I</i>		
CHECK ONE	: ()	CERTIFIED	()	CLASSIFIED)	
HRS APPRO	VED - ()	PART-TIME (LE FULL-TIME (20)	SS THAN	N 20 HOURS PI DR MORE – AI	ER WEEK – NO BEN LL BENEFITS)	EFITS)
CERTIFICAT	E INFORMAT	ΓΙΟΝ:				
CLASS:	Y	EARS EXP	EN	DORSEMENT	ΓS:	
SALARY:	COMPLETE HOURLY	ONE: PER HOU	IJR	DAILY	PER DAY	
FUND TO BE	SALARY (PRORATED FO PAID FROM:	P R ACTUAL DAYS WORKEI	ER YR	TRIP	PER TRIP	
SUPERINTENT INCLUDES A BY SIGNING SUPERINTEN	ORK REQUINTENT'S OFF PPLICATION BELOW, YOUNDENT'S OFF	ICE BEFORE THE A , TEACHER CERTII J ARE CERTIFYING	APPLICA FICATE, G THAT A	NT IS RECOM TRANSCRIPT ALL REQUIRE	D PAPERWORK IS	E. THIS
PRINCIPAL (OR SUPERVISO	OR SIGNATURE		DATI		
CENTRAL OFFICE USE ONLY:			DATE	APPROVED E	SY BOARD:	
SUPERINTENDENT SIGNATURE				DATE	<u> </u>	