I am recommending the following individual and their employment information to the Superintendent and Board of Education for approval at the _____, 20 ____ Board of Education meeting.

Name of Employee _____

Address_____

Phone number_____SS#_____

Building/Position Assignment _____D.O.B. _____

Please check all those that apply **and provide the date** if applicable:	Application / Resume'	BCII / FBI	Hours per day	Days per year	Rate of Pay per hour	Funding (specify fund number paying salary)	Full time	Part time	License/Certificate & Date of Expiration	CPR	Fundamentals of Coaching Courses	Concussion in Sports	Official Transcripts	Number of Semester hours	Position on pay scale: BS / BS+15 / BS+150	Masters / Masters + 15 / Masters + 30	Insurance Eligible: (Family / Single / Waiver)	Number of years' experience	Annual Salary (dollar amount)
If Certified Position -	*	*							*		N/A		*						
If Classified position -	*	*							*						N/A				
If Coaching Position -	*	*							*	*	*	*				N/A			

(* Required Information that must be attached before Board approval)

First Day of Work _____

Additional Information: _____

Submitted By: _____

Employee Signature: _____Date: _____
(Verifying information provided)