



Elementary  Secondary  Special Ed.

# Recommendation Form For New Contract Teachers

School \_\_\_\_\_

Principal \_\_\_\_\_

Name of Teacher Applicant \_\_\_\_\_

Social Security/Employee ID Number \_\_\_\_\_

<b>SECONDARY</b>	
_____	
1 <sup>ST</sup> Subject	_____
_____	
2 <sup>nd</sup> Subject	_____
_____	
3 <sup>rd</sup> Subject	_____
<b>FTE Status:</b>	
(check one)	<input type="checkbox"/> 0.50 <input type="checkbox"/> 0.67 <input type="checkbox"/> 0.83 <input type="checkbox"/> 1.00

<b>ELEMENTARY</b>	
_____	
Grade	_____
_____	
Grade	_____
_____	
Grade	_____
<b>FTE Status:</b>	
(check one)	<input type="checkbox"/> 0.50 <input type="checkbox"/> 1.00

**Contract Effective Date:** \_\_\_\_\_

Great Beginnings Mentor: \_\_\_\_\_

- Check if position is a one-year only
- Check if a temporary hire
- Check if authorization is needed in:

\_\_\_\_\_

Replacing: \_\_\_\_\_

**Account Number:** \_\_\_\_\_

- Reason for Replacement:**
- Terminated/Retired
  - Leave of Absence
  - Transferred to: \_\_\_\_\_  
(School/Level/Grade/Program)

- Principal Notification To Employee:**
- Call HR To Schedule Appointment To Sign Contract
  - Benefits Eligible Status – 30 Days From Contract Effective Date to Enroll
  - Contract Pay and Benefits Automatically Spread Over 12 months

**Approvals:** \_\_\_\_\_  
Principal or Supervisor Signature

\_\_\_\_\_ Date

\_\_\_\_\_ **\*\* Department Approval**

\_\_\_\_\_ Date

\_\_\_\_\_ **\*\* Program Approval**

\_\_\_\_\_ Date

\_\_\_\_\_ **Human Resource Approval**

\_\_\_\_\_ Date

\*\*Use specific course title  
\*\* When Required