



Elementary Secondary Special Ed.

Recommendation Form For New Contract Teachers

School _____

Principal _____

Name of Teacher Applicant _____

Social Security/Employee ID Number _____

SECONDARY

1st Subject

2nd Subject

3rd Subject

FTE Status:
(check one) 0.50 0.67 0.83 1.00

ELEMENTARY

Grade

Grade

Grade

FTE Status:
(check one) 0.50 1.00

Contract Effective Date: _____

Great Beginnings Mentor: _____

- Check if position is a one-year only
- Check if funded by Grant money
- 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