

# MONTEZUMA-CORTEZ SCHOOL DISTRICT RE-1

## EMPLOYMENT RECOMMENDATION



**Please Follow These Sequential Steps**

**For Principal and Director Use Only**

→ Fill In and Turn In To HR

Position: \_\_\_\_\_  
 New  Replaces-Who: \_\_\_\_\_ Reason: \_\_\_\_\_  
 School/Dept/Program: \_\_\_\_\_ FTE/Hours per Day/Time Sheet: \_\_\_\_\_  
 Interviewed By: \_\_\_\_\_ Reference Checked By: \_\_\_\_\_  
 Next Board Meeting Date: \_\_\_\_\_ **Is this a Grants Position?** YES  NO   
 First Day Candidate to Report for Duty: \_\_\_\_\_  
**Highly Qualified?** WILL  WILL NOT  **CDE License?** YES  NO   
 How Many Applications Did You Review: \_\_\_\_\_ How Many Interviews: \_\_\_\_\_  
 Recommended By: \_\_\_\_\_ Date: \_\_\_\_\_  
**FOR BACKGROUND CHECK:** SSN \_\_\_\_\_ DOB \_\_\_\_\_  
 Approving Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Human Resources Use Only**

→ Fill In and Turn In To HR Director  
 → HR Email Candidate Name, Position, School to Payroll

***The following MUST be complete before recommendation is sent to the Board of Education for employment. (Coaches, Assignments, Volunteers, Support Staff and Paras only require first three)***

Application  Personnel Information  Fingerprint Card  Resume (teachers)   
 Official Transcripts (teachers)  Para Test  \_\_\_\_\_  
 Copy of Transcripts (teachers)  VOE Form  \_\_\_\_\_  
 Copy of CDE License (teachers)  \_\_\_\_\_  
 Three Letters of Reference (teachers)  \_\_\_\_\_  
 Background Check Completed By: \_\_\_\_\_

**For Human Resources Director Use Only**

→ Fill In and Turn In To Business Office/Grants

Salary Schedule/Step/Salary: \_\_\_\_\_ / \_\_\_\_\_ / \$ \_\_\_\_\_  
 Additional Days/Daily Rate/Total: \_\_\_\_\_ Days\*\$ \_\_\_\_\_ Total \$ \_\_\_\_\_  
 Sick Days: \_\_\_\_\_ Up Front/Per Month-Personal Days: \_\_\_\_\_  
 Less Than Full Contract Calculation: \_\_\_\_\_  
 Pay Per Day X Work Days of Contract \_\_\_\_\_ **Contract Total \$:** \_\_\_\_\_  
 First Pay Check: \_\_\_\_\_ Benefits Begin: \_\_\_\_\_  
 \_\_\_\_\_ Months remaining in contract. Estimated monthly gross pay \$: \_\_\_\_\_  
 Approving Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Funding Source \_\_\_\_\_ %

**For Business Office or Grants Only**

→ To Payroll

\_\_\_\_\_ %  
 Approving Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Payroll Use Only**

→ To Superintendent's Office

Approving Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Superintendent's Office Use Only**

**Revised 08/10/2017**

Candidate Name:

\_\_\_\_\_  
 \_\_\_\_\_

Date Applicant Will Be Recommended to the Board: \_\_\_\_\_  
 Contract Available Date: \_\_\_\_\_  
 Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_