COLUMBUS MUNICIPAL SCHOOL DISTRICT
RECOMMENDATION FOR EMPLOYMENT

ATTENTION: PERSONNEL

NAME OF EMPLOYEE: _____

SOCIAL SECURITY #: _____

EMPLOYED AS: _____
(Position title – include grade/subject for teacher)

FUNDING SOURCE ___District ___Title I ___SPED ___Other_____
Explain

LOCATION: _____
(School/Department)

BEGINNING DATE: _____
(First day of work – Must be after board approval)

CHECK ONE: ( ) Replacement for another employee
Name of employee being replaced:

_____

( ) New position – Provide justification

_____

APPROVED:
Principal/Supervisor _____
(Signature) (Date)

Business Manager: _____
(Signature) (Date)

_____Budgeted position _____ Non-budgeted position

Superintendent: _____
(Signature) (Date)

IMPORTANT: This recommendation for employment should be delivered to Personnel at least **seven (7) school days prior** to the Board Meeting.

Please complete: Applicant's Address: _____

_____

Phone: _____ Race: _____ Sex: _____ DOB: _____

Central Office Use: Agenda Date _____
Salary Schedule _____ Total Salary _____ Revised 12/06