

EMPLOYMENT RECOMMENDATION/CHANGE OF STATUS

Name: _____

Position: _____ Replacing: _____
(Please attach application, transcripts and certificate or other applicable documentation.)

Missouri Certification(s) Held & Expiration Date(s) _____

Extra Duty Assignments: _____

Recommended by: _____
Administrator Signature

Employment Date: _____ Length of Contract: _____

Years of Experience _____ Additional Contract Days _____

Salary \$ _____
(To be set by Superintendent of Schools)

Date of Board Approval: _____

Account Code: _____

The following personnel should sign and route in sequence
(Form to be returned to Human Resources when completely signed.)

Superintendent of Schools

Board Secretary

Human Resources

Bookkeeper