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**PERSONNEL** 

## - CERTIFIED PERSONNEL -

## **Recommendation for Certified Employment**

CANDIDATE NAME				GENDER			RACE	
POSITION TO BE FILLED				NEW TEACHER INTERN	□ YES	□ No		
PERSON REPLACING				NEW POSITION		□ YES	□ No	
RANK		TOTAL YEA EXPERIENC			REFERENCES CHECKED		□ YES	□ No
THIS PERSON TO BE		☐ FULL- TIME	☐ PART- TIME	RECOMMENDED START DATE				

## **ETHNICITIES**

AI/AN= American Indian/Alaskan Native A=Asian B/AA=Black/African American H/L = Hispanic/Latino

NH/OPI = Native Hawaiian/Other Pacific Islander W= White O= Other ENS = Ethnicity Not Specified

For the purpose of this report "eligible applicant" refers to applicants that have Full State Certification. This refers to those who provide evidence that they have Full State Certification or can provide assurances that they will received Full State Certification by the time this positions begins. This also includes applicants with a Statement of Eligibility as well as those with written verification from the enrolling university of their acceptance into the alternative certification program.

Or if: No certified and highly qualified candidate is available for this position; then consideration can be given to applicants that are Not Full State Certified. These applicants would qualify for emergency, conditional, temporary or adjunct certification. Careful documentation should be made in these rare circumstances.

Minority Educator Recruitment and Retention Hiring Information									
<u>Ouestion</u>	AI	AP	B/AA	H/L	NA/OI	W	0	ENS	TOTAL
1. How many eligible applicants received an official interview?									
a Of these eligible applicants, how many also hold out of state credentials?		)							
b. Of these eligible applicants who received only one interview?									
Were hired?									
Were not hired?									
Declined the position?									
c. Of these eligible applicants who received multiple interviews?									
2. How many Not Full State Certified applicants received an official interview? And:									
Were hired?									
Were not hired?									
Declined the position?									

## YEARLY COMPENSATION BY SUPERINTENDENT

Base: Rank Step	<u> </u>
Extra Days	\$
Extra Duty:	\$
Extra Duty:	\$
Extra Duty:	\$
	TOTAL \$

Administrator's Signature:	DATE
Superintendent's Signature:	DATE
_	

PERSONNEL	03.11 AP.25
-CERTIFIED PERSONNEL -	
Recommendation for Employme	<del>ent</del>
Te: Superintendent/designee	
From: Date:	
SCHOOL/DEPARTMENT:	
NAME OF APPLICANT:	
ADDRESS OF APPLICANT:	
ADDRESS OF APPLICANT:	
CLASSIFICATION:	
CLASS CODE, IF APPLICABLE HOURS PER DAY	DAYS PER YEAR
STARTING DATE: RATE OF PAY:	
CHECK ONE: THE FULL TIME THE TIME THE	TEMPORARY
Is this an itinerant position———————————————————————————————————	
Is this applicant currently employed by the district?	— <del>□ YES</del> — <del>□ No</del>
Additional Information:	
All employment recommendations must be submitted on this	form. Please return to the
Superintendent/designee at the Central Office.	•
Signature:	Date:
The Board of Education does not discriminate on the basis of	f race, color, national origin,
age, religion, sex, genetic information, or disability in employ or activities.	ment, educational programs
<del>or activities.</del>	

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