

MATHIS INDEPENDENT SCHOOL DISTRICT



EMPLOYEE – RECOMMENDATION FORM

NEW HIRE _____ TRANSFER _____ REPLACEMENT _____ PROMOTION _____

This form is to be used to recommend all employees to your campus or department. It is mandatory that the Recommendation Form is on file for the position being filed. If a blank below is not applicable write N/A in the blank.

EMPLOYEE NAME: _____ SSN: _____ - _____ - _____

TO POSITION: _____ EFFECTIVE DATE: _____, _____

TO CAMPUS/DEPARTMENT: _____

EMPLOYEE REPLACED: _____

REASSIGNMENT: _____ EFFECTIVE DATE: _____, _____

FROM CAMPUS/DEPARTMENT: _____

CERTIFICATION: _____

Recommending signature guarantees that SBDM policy and procedures have been followed and that all backup information is on file, that references of previous supervisors have been checked, and that the person being recommended is not related to anyone in a supervisory capacity on the campus or in the department by blood (consanguinity) within the third degree, or by marriage (affinity) within the second degree.

EMPLOYEE REFERENCES:	NAME	CONTACT PHONE #
1.	_____	_____
2.	_____	_____
3.	_____	_____

COMMITTEE MEMBERS:	NAMES
1.	_____
2.	_____
3.	_____

SIGNATURES:

Recommending Principal/Administrator: _____ Date: _____

Human Resource Coordinator: _____ Date: _____

Business Manager: _____ Date: _____

Assistant Superintendent: _____ Date: _____

Superintendent: _____ Date: _____