

Employee Recommendation Form

Name: _____

Campus / Department: _____

Supervisor: _____

Job Description: _____

Rate of Pay: _____ per _____

Stipend: _____ Amount: _____

Stipend: _____ Amount: _____

New Position _____ Or name of person being replaced _____

Days Per Year: _____ First Day of Work: _____

Previous Years of Experience: _____ In What Area: _____

Basis of Recommendation: _____

Funding Source(s) _____

Funding Approval: _____, Business Mgr.

Funding Approval: _____ Superintendent

Please attach copies of the following documents:

_____ Driver License _____ Social Security Card _____ Pass Port

Recommended By: _____ Date: _____

Verified By H.R.: _____ Date: _____

Approved By: _____ Date: _____