



**HEMPSTEAD INDEPENDENT SCHOOL DISTRICT
RECOMMENDATION FOR EMPLOYMENT
OF TEACHER/ADMINISTRATOR**

NAME: SOCIAL SECURITY #

CAMPUS: BEGINNING DATE: # OF DAYS

THIS POSITION IS A:

NEW POSITION REPLACEMENT REPLACING

POSITION

ASSIGNMENT (SPECIFIC)	% OF DAY	FUND	CAMPUS	PROGRAM INTENT CODE
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STIPEND(S) TYPE: STIPEND AMOUNT:

REFERENCE CHECK INFORMATION (Do not send form for superintendent's approval without reference check information being completed).

PRINCIPAL/SUPERVISOR SIGNATURE: DATE:

FOR HR USE

APPROPRIATE CERTIFICATION VERIFIED: YES NO N/A

CERTIFICATION COMMENTS

CRIMINAL HISTORY CHECK COMPLETED AND APPROVED: YES NO

YEARS EXPERIENCE: DAILY PAY RATE: BASE PAY:

PRIOR LEAVE: STATE SICK: STIPEND(S) TOTAL:

STATE PERSONAL: ANNUAL SALARY TOTAL:

NEW TO TRS: YES NO

HR APPROVAL: DATE:

CHIEF FINANCIAL OFFICER APPROVAL: DATE:

SUPERINTENDENT APPROVAL: DATE:

Form Completion:

REFERENCE CHECK

1. REFERENCE NAME:

POSITION:

DATE CALLED:

REMARKS:

2. REFERENCE NAME:

POSITION:

DATE CALLED:

REMARKS:

3. REFERENCE NAME:

POSITION:

DATE CALLED:

REMARKS:

***SEND COMPLETED FORM AND APPLICATION TO THE HUMAN RESOURCES DEPARTMENT FOR PROCESSING.**

