

# MONTEZUMA-CORTEZ SCHOOL DISTRICT RE-1 EMPLOYMENT RECOMMENDATION

## Please Follow These Sequential Steps

### For Principal and Director Use Only

→ Fill In and Turn In To HR

Candidate Name: \_\_\_\_\_  
 Position: \_\_\_\_\_  
☐ New ☐ Replaces-Who: \_\_\_\_\_ Reason: \_\_\_\_\_  
 School/Dept/Program: \_\_\_\_\_ FTE/Hours per Day/Time Sheet: \_\_\_\_\_  
 Interviewed By: \_\_\_\_\_ Reference Checked By: \_\_\_\_\_  
 Next Board Meeting Date: \_\_\_\_\_ **Is this a Grants Position?** YES ☐ NO ☐  
 First Day Candidate to Report for Duty: \_\_\_\_\_  
**Highly Qualified?** WILL ☐ WILL NOT ☐ **CDE License?** YES ☐ NO ☐  
 How Many Applications Did You Review: \_\_\_\_\_ How Many Interviews: \_\_\_\_\_  
 Recommended By: \_\_\_\_\_ Date: \_\_\_\_\_  
**FOR BACKGROUND CHECK:** SSN \_\_\_\_\_ DOB \_\_\_\_\_  
 Approving Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*The following MUST be complete before recommendation is sent to the Board of Education for employment. (Coaches, Assignments, Volunteers, Support Staff and Paras only require first three)*

### For Human Resources Use Only

→ Fill In and Turn In To HR Director

→ HR Email Candidate Name, Position, School to Payroll

Application ☐ Personnel Information ☐ Fingerprint Card ☐ Resume (teachers) ☐  
 Official Transcripts (teachers) ☐ Para Test ☐ \_\_\_\_\_  
 Copy of Transcripts (teachers) ☐ VOE Form ☐ \_\_\_\_\_  
 Copy of CDE License (teachers) ☐ \_\_\_\_\_  
 Three Letters of Reference (teachers) ☐ \_\_\_\_\_  
 Background Check Completed By: \_\_\_\_\_

### For Human Resources Director Use Only

→ Fill In and Turn In To Business Office/Grants

Salary Schedule/Step/Salary: \_\_\_\_\_ / \_\_\_\_\_ / \$ \_\_\_\_\_  
 Additional Days/Daily Rate/Total: \_\_\_\_\_ Days \* \$ \_\_\_\_\_ Total \$ \_\_\_\_\_  
 Sick Days: \_\_\_\_\_ Up Front/Per Month-Personal Days: \_\_\_\_\_  
 Less Than Full Contract Calculation: \_\_\_\_\_  
 Pay Per Day X Work Days of Contract \_\_\_\_\_ **Contract Total \$:** \_\_\_\_\_  
 First Pay Check: \_\_\_\_\_ Benefits Begin: \_\_\_\_\_  
 Months remaining in contract. Estimated monthly gross pay \$: \_\_\_\_\_  
 Approving Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Business Office or Grants Only

→ To Payroll

Funding Source \_\_\_\_\_ % \_\_\_\_\_  
 \_\_\_\_\_ % \_\_\_\_\_  
 Approving Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Payroll Use Only

→ To Superintendent's Office

Approving Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Superintendent's Office Use Only

Date Applicant Will Be Recommended to the Board: \_\_\_\_\_  
 Contract Available Date: \_\_\_\_\_  
 Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_