



# Instructional/Administrative Appointment Recommendation

Submitted by: \_\_\_\_\_ Program: \_\_\_\_\_ Date: \_\_\_\_\_

**Directions: Complete entire form and submit with required attachments (incomplete forms will be returned).**

**Type of Employment** (check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Probationary Appointment (f-t, on-going, tenure-track)  | <input type="checkbox"/> Long-term Substitute (more than 3 consecutive months) |
| <input type="checkbox"/> Jarema credit <input type="checkbox"/> Y <input type="checkbox"/> N (term as a FT sub preceeding prob. appt.) | <input type="checkbox"/> Temporary Assignment                                  |
| <input type="checkbox"/> Part-time (less than 1.0 FTE)   | <input type="checkbox"/> Term Assignment (semester)                            |
| <input type="checkbox"/> Short-term Substitute (less than 3 consecutive months)  |  |

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Tenure Area:** (For probationary appointments only - refer to policy manual section for number and description)

Tenure Area Number	Description (exactly as it appears in policy book)
_____	_____

**Effective Date of Appointment:** Start \_\_\_\_\_ End \_\_\_\_\_ (end date only for term, substitute, or temporary appointment)

**Position Title** \_\_\_\_\_

**New or Continuing Position** (check one)

- New
- Continuing/Replacement – who previously held the position? \_\_\_\_\_
- Why did he/she leave? \_\_\_\_\_

**Location of Position:**

Bldg: \_\_\_\_\_ Program: \_\_\_\_\_

**Employee's Education/Employment Background:** Provide a detailed summary of education, degree, previous work experience, or other information. Must include dates of education and previous work experience. Please attach an additional sheet if more space is required.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employee's Certification Information:** \_\_\_\_\_

Approval: \_\_\_\_\_

Assistant Superintendent/Director	Date	Supervisor of Human Resources	Date
_____	_____	_____	_____
District Superintendent	Date		
_____	_____		

**Required Attachments: (check off all that are attached)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Personnel Data Sheet   | <input type="checkbox"/> Fingerprint appointment scheduled for _____       | <input type="checkbox"/> Reference Checks (completed by administrator) |
| <input type="checkbox"/> Temporary Appointment Pending Board Action Form                  | <input type="checkbox"/> Employment Application                            | <input type="checkbox"/> Copy of Request for Position                  |
| <input type="checkbox"/> Statement for Conditional/Emergency Conditional Appointment Form | <input type="checkbox"/> Copy of Certification/Transcripts (if applicable) | <input type="checkbox"/> Employment Search Summary Form                |
|   |  | <input type="checkbox"/> Form I-9, Employment Eligibility              |
|   |  | <input type="checkbox"/> Form W-4, Federal Withholding                 |
|   |  | <input type="checkbox"/> Form IT-2104, State Withholding               |

Revised: \_\_\_\_\_