





EMPLOYMENT RECOMMENDATION

THESE ATTACHMENTS SHOULD BE INCLUDED WITH THIS RECOMMENDATION:											
☐Completed Application ☐Resume ☐References ☐Licensure ☐Background Checks ☐College Transcripts											
Items in "red" are required. Recommendation will not be accepted w/o this info.											
BOARD APPROVAL REQUIRED BY:	-	WCESC □		GOVS □		cog □		Previously COG □			
GENERAL INFO											
Last Name:		First Name, M.I.			DOB:		Sex □Male □Female		Social Security #		
Address:			City:		State:			Zip:			
Phone w/ Area Code:	Marital St □Single □		Race: □White/Non-Hispanic □Asian/Pacif □Black, Non-Hispanic □American In								
Background Checks/No Criminal Record: (Positive results required prior to start date)					□BCI (State) □FBI (Federal)				☐Included w/recommendation)☐In Process/Will Provide		
ODE Licensure: □Included w/recommendation □In Process/Will Provide □Not required Meets HQT: □Yes □No											
Ohio Board Licensure (therapists):											
DASL Account Required: : □Yes □No											
Position Start Date:	Position	End D	Boar			rd Hire Date:					
CONTRACT DEVELOPMENT											
Position/Title:		Program:		Assigned Location(s) (designate %)			Type: ☐Certified ☐Non-Certifie		d □Non-Certified		
Recommended applicant is a relative, close frie family friend, etc. of:				d,	Please comment:						
Contract: ☐Limited ☐Retire/Reh	uing upplemental	Sal	lary S	Schedule (type):			Step		Degree Level:		
Salary (list Rate/Amount): Contract Days (include holidays):											
□Daily □Hourly □Annual \$				# Days plus # Holidays					equal # Total Days:		
BENEFITS/INSURANCE COVERAGE (for HR only)											
Life Insurance:	□Yes	es □No						Start Date:			
Dental Insurance:	□Yes	□No	□Single □Family Start Date:								
Health Insurance:	□Yes	□No	□Single □EE + Kids □Family Start Date:								
\$1300 Option:	□Yes	Start Date:									

CODING (for HR only)							
Life Insurance							
Dental Insurance							
Health Insurance							
PAYROLL (for fiscal only)							
Payroll Start Date:	Payroll End Date:						
Pay Account:							
APPROVAL/SIGNATURES (Follow the order of appr	oval as listed below)						
Your signature designates approval to offer employment to the applicant and for placement on board agenda for employment. NOTE: Supervisors are not authorized to offer employment to any job applicant prior to approval by the superintendent.							
① Program Supervisor (to recommend for employment)	Date						
② Director of Special Education (to verify recommendations for programs as appropriate)	Date						
③ HR Director (to verify ALL recommendations)	Date						
(to verify ALL recommendations)	Bute						
Fiscal Office (to verify salary/contract info)		Date					
(to verify saidly/contract into)		Date					
Superintendent (to recommend employment to Board)	Date						
(to recommend employment to Board)		Date					
This recommendation is being returned to the supervisor for additional information.							
Comments:							

Revised October 2015