

**Employee Recommendation Form**

Recommended Employee	_____
Position	_____
School	_____
Number of Contract Days	_____
FTE	_____
Certified or Classified?	_____
Replacement for	_____
Total Yrs Experience	_____
No. of Yrs Experience in State	_____
Degree and Hours of Education	_____

Stipend Recommended	_____
_____	_____
_____	_____
_____	_____

Class Schedule:	
(No of Periods/subject/site)	
_____	_____
_____	_____
_____	_____
_____	_____

Principal or Supervisor	_____
Date	_____