GEORGE COUNTY SCHOOL DISTRICT EMPLOYMENT RECOMMENDATION FORM

494 Cowart Street, Lucedale, MS 39452

601-947-6993 (Phone) 601-530-0852 (Fax)

SECTION ONE (To be completed by an Administrator/Sup	pervisor)
Employee Information: Mr. /Ms	SS#:
Address:	Telephone:
RECOMMENDED Job Position(s):	Location:
□ Title/Federal Programs □ SPED □ Vocational	Child Nutrition District Gifted
Part-Time Full-Time	Certified
Grade Level: Eff	ective Date (Required)
Select One:	
□ New Employee Recommendation This person replace	es:
This is a new posi	tion (Fund Director Signature Required)
□ In-School/District Transfer - This person replaces:	
Transfer to:	From:
(Position and Location)	(Position and Location)
Signature, Receiving School/Department	Signature, Sending School/Department
Resignation – Attach resignation letter or signed Distri	ct Resignation Form
Retirement Termina	tion
*****Last date worked in case of resignation, retirement 8	termination
□ NOTE: Attach an Employee Exit Interview to this form	n for resignations, retirements or terminations.
Administrator/Supervisor Signature	Date
Fund Director Signature (if applicable)	Data
SECTION TWO (To be completed by the Human Resource	e Director)
Years of Inside School District Experience:	
Degree Level: Teaching Certificate Class:	
This position will be fordays. (180, 183, 187, 1	
Information furnished by the applicant and verified by cro	edentials indicates that this person meets requirements
for employment/appointment to this position.	
Human Resource Signature	Date
SECTION THREE (To be completed by the Chief Financia	Il Officer)
Business Manager Signature	Pay Step
Budget Code	Date
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SECTION FOUR (To be completed by the Superintendent	BOARD APPROVED:
Approved Not Approved	
Superintendent's Signature	
Date	