

GEORGE COUNTY SCHOOL DISTRICT EMPLOYMENT RECOMMENDATION FORM

494 Cowart Street, Lucedale, MS 39452

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

2026/2027 SY

SECTION ONE (To be completed by the Administrator/Supervisor making this Recommendation)

Employee Information: Mr. /Ms. _____ Last 4 Digits of S.S only: _____

Address: _____ Telephone: _____

RECOMMENDED Job Position(s) _____ **Grade Level:** _____ **Location:** _____

*****Select One:** Does employee ABOVE remain with a single cohort of students in one classroom throughout the day?
 Does employee ABOVE rotate through different groups of students /classrooms across several periods?
 Not Applicable

Title/Federal Programs SPED Vocational Child Nutrition District Gifted

Part-Time Full-Time Certified Non-Certified **Effective Date (Required)** _____

New Employee/This person replaces _____ or this is a new position _____.

In-School/District Transfer - This person replaces _____ or this is a new position _____.

Transfer to: _____ From: _____

(Position and Location)

(Position and Location)

Administrator Signature, Receiving School/Department

Administrator Signature, Sending School/Department

Termination **Resignation** Retirement – Attach Resignation/Retirement letter or District Resignation Form to this sheet.

*****Last date worked in case of termination, resignation & retirement. _____

NOTE: Attach an Employee Exit Interview to this form for terminations, resignations, or retirements.

Administrator/Supervisor Signature _____ Date _____

Administrator/Supervisor Signature _____ Date _____

Fund Director Signature (if applicable) _____ Date _____

SECTION TWO (To be completed by the Human Resources Director)

Inside School District Experience Yrs. _____ Outside School District Experience Yrs. _____ Degree Level: _____

Teaching Certificate Class: _____ This position will be for _____ days. (180, 183, 187, 190, 200, 210, 220, 230, 240, other)

Mississippi PERS RETIREE ____ Yes or ____ No **Out of State RETIREE** ____ Yes or ____ No

Human Resources Signature _____ has verified the applicant's credentials and confirmed they meet all requirements for this position. Date _____

SECTION THREE (To be completed by the Chief Financial Officer)

Business Manager Signature _____ Pay Step _____

Budget Code _____ Date _____

SECTION FOUR (To be completed by the Superintendent)

Approved Not Approved

Superintendent's Signature _____

Date _____

BOARD APPROVED: