

TROUP COUNTY SCHOOLS Personnel Recommendation Form

For Office Use Only:

CFO _____
 BD _____
 PR _____
 Munis _____
 R _____
 ID # _____

Name: _____ Location: _____

Position: _____ Grade: _____ Subject: _____

Beginning Date: _____ Comments: _____

Full Time Employee Part Time Employee Substitute

Funding Source: (Title I, VI-B, Pre-K, Local, Other) _____

Check all that apply:

New Position *(Attach copy of authorization)*

49% Position *(Attach copy of authorization)*

Replacement Position –Replacing: _____

Transfer From:(Name of School/Dept.) _____

Transfer Within School/Dept.:
(Position/Grade/Subject-Old Assignment) _____

Change of Hours Only – From: _____ To: _____

Termination/Resignation *(Attach copy of resignation/documentation)*

Last day to work: _____ Recommend for Rehire? Yes No

Personnel Notified? Yes No Payroll Notified? Yes No

Retiree:

Georgia Educator? Yes No

Out-of-State? Yes No

Certified:

I have verified certification with the Personnel Department and checked at least two references for the person I am recommending.

Individual meets "Professional Qualifications"

Signed: _____

Non-Certified:

I have checked at least two references for the person I am recommending.

Signed: _____

Hours Per Day: _____ Days Per Year: _____

I recommend the above listed person for employment.

Principal / Administrator Date

Transferring Principal Date

Program Director (If Applicable) Date

Other Title Date

Chief Human Resources Officer Date