HUMAN RESOURCES DEPARTMENT
Personnel Recommendation Form

Classification Status: ☐ Certificated ☐ Classified ☐ Administrative

FLSA Status: ☐ Exempt ☐ Non-Exempt

SECTION (A) - TYPE OF TRANSACTION – Please check (only) one category per form; use a separate form for each transaction

Complete Sections B, D, & E (if applicable)
☐ New Hire/Contract Recommendation
☐ Termination
☐ Other _____

Complete Sections B, C, & D
☐ Transfer/Reassignment
☐ Class Change (Promotion/Demotion)
☐ Other _____

SECTION (B) - EMPLOYEE INFORMATION

Effective Date: _____ Social Security Number _____ Employee # _____

Employee Name: _____
(Last) (First) (Middle)

Address: _____
Street) (Apt. #) (City, State) (Zip)

SECTION (C) - CURRENT INFORMATION	SECTION (D) - NEW INFORMATION
Position Title: _____	Position Title: _____
Class Code: _____	Class Code: _____
Subject Area: _____	Subject Area: _____
Worksite/Work Location: _____	Worksite/Work Location: _____
Work Schedule: ☐180 ☐185 ☐190 ☐200 ☐205 ☐210 ☐230 ☐240	Work Schedule: ☐180 ☐185 ☐190 ☐200 ☐205 ☐210 ☐230 ☐240
Prior Creditable CCPS Experience: _____ Year(s) Yes ☐ No ☐	Prior Creditable CCPS Experience: _____ Year(s) Yes ☐ No ☐
Prior Creditable External Experience: _____Year(s) Yes ☐ No ☐	Prior Creditable External Experience: _____Year(s) Yes ☐ No ☐
Certification: _____	Certification: _____
Apply for: _____	Apply for: _____
Contract/Current Annual Salary: _____	Contract/New Annual Salary: _____
Pro-rate Salary: Yes ☐ No ☐ If Yes, prorated salary _____	Pro-rate Salary: Yes ☐ No ☐ If Yes, prorated salary _____
Schedule:_____ STEP:_____	Schedule:_____ STEP:_____
Funding Source: _____	Funding Source: _____

SECTION (E)

Have you informed the prospective employee of the $45.00 fee (**payable by Cash or Money Order only**) for the criminal background check? Yes _____ No _____

Note: Upon completion of application and approval for contract, applicant will be contacted via HR for fingerprinting appointment.

Important: Is this person currently under contract with another Georgia school system. Yes __ No __
(If yes, we must have a written release before our contract will be issued.)

Recommending Authority Signature: _____ DATE: _____

Special Education Department Approval (if applicable:_____ DATE: _____

Budget Department Approval (if applicable: _____ DATE: _____

HR Representative Approval: _____ DATE: _____

Please include all relevant documents Complete Application (including three returned references), Telephone Reference Form, Certificates/Licenses, Transcripts, Prior Service/ Military Service Forms)

COMMENTS _____