

Tredyffrin/Easttown School District
Professional Staff Employment Recommendation

Date: _____ Interview Date: _____

To: ~~Jeannie Decalio,~~ **Director of Human Resources**

From: _____

Re: Employment Recommendation

- ☐ New employee
- ☐ Transfer
- ☐ New position
- ☐ Additional position
- ☐ Rehire

Name _____ Tele # () _____
(Title – First name – Last name)

Address _____

Position(s) _____ Location _____ Start date _____

FTE: _____ ☐ P/T ☐ F/T ☐ Per diem ☐ LTS (circle one: 1st sem./ 2nd sem./ full year)

Replacing _____ Reason _____
Maternity/Childrearing Leave, LTD, Resignation, Retirement, Other

References by: ☐ Mail ☐ Telephone (Attach form/s, notes, etc.)

Individuals involved in selection process: _____

HR Use Only

Position Control ID: _____

Salary: (circle one) TPE PE or LTS _____

- ☐ Candidate Materials Checklist
- ☐ Board Approval Date _____
- ☐ ID Badge
- ☐ Network Account (Dates) _____
- ☐ Physical, TB Results, PSERS, Worker's Comp, I-9, W-4, Local Tax, Direct Deposit, 403B, Sexual Harassment CD

Blue Copy for Employee File, Pink Copy for Board Agenda, Green Copy for Benefits

Tredyffrin/Easttown School District
Support Staff Employment Recommendation

Date: _____ Interview Date: _____

To: ~~Jeanne Pocalyko~~, Director of Human Resources ~~Personnel~~ _____

From: _____

Re: Employment Recommendation

- ☐ New Employee
- ☐ Rehire
- ☐ Transfer
- ☐ Additional Position
- ☐ New Position
- ☐ Change (loc, hrs, etc)
- ☐ Sub/Temp-Length of assignment _____

Name _____ Tele # () _____

Address _____

City _____ State _____ Zip _____

Payroll Reporting.

Position _____ Location _____ Start date _____

Budgeted hours per day = (Budgeted hours divided by work weeks divided by 5 days per week) _____ FTE _____

NOTE: 30 minute duty free lunch should not be included in Budgeted Hours.

KRONOS WORK SCHEDULE

Daily Start Time _____ Daily End Time _____

AESOP Substitute Calling System

Does this position require a substitute if employee is absent? YES NO

Replacing _____ Reason _____

Maternity/Childrearing Leave, LTD, Resignation, Retirement, Other

References by: ☐ Mail ☐ Telephone (Attach form/s, notes, etc.)

Individuals involved in selection process: _____

Personnel Use Only

Personnel interview date/time _____

Date forms issued/mailed _____

POSITION CONTROL ID _____ Account code _____ / _____

- | | | |
|--------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> State Police | <input type="checkbox"/> Child Abuse History Clearance | <input type="checkbox"/> FBI Clearance |
| <input type="checkbox"/> I-9 Immigration Reform & Control Act of 1985 | <input type="checkbox"/> W4 | <input type="checkbox"/> PDE 6004 |
| <input type="checkbox"/> Physical T/B: N or P (____ x-ray needed if positive) | <input type="checkbox"/> Applications | <input type="checkbox"/> Typing Test |
| <input type="checkbox"/> Worker's Compensation Notification | <input type="checkbox"/> Benefits Waiver | <input type="checkbox"/> Act 34 Statement |
| <input type="checkbox"/> References | <input type="checkbox"/> Training Video | |
| <input type="checkbox"/> Identification Badges | <input type="checkbox"/> PSERS Enrollment Questionnaire | |

Hourly rate _____ Eligible for 90 Day review? ____ Yes ____ No

Processing date _____ Board approval date _____

Please attach application and/or resume. The Human Resources ~~Personnel~~ Office will contact recommended candidate after receipt of this form for further employment processing. ~~Principal/Supervisor, please retain the green copy of this form.~~