

SCHOOL DISTRICT OF JEFFERSON
JEFFERSON, WISCONSIN

RECOMMENDATION FOR CO-CURRICULAR ASSIGNMENT

TO: Superintendent of Schools

FROM: _____

DATE: _____

I hereby recommend the following:

CO-CURRICULAR POSITION TO BE FILLED:		
INDIVIDUAL TO FILL POSITION:		
ADDRESS:	Complete this information only if individual is currently not a staff member.	TELEPHONE: ()
POSITION PREVIOUSLY HELD BY:		
SCHOOL YEAR:	START DATE:	ENDING DATE:
CHECK ONE: This individual: _____ actively sought the assignment _____ is being involuntarily assigned		

SIGNED: _____ (Principal/Supervisor) DATE: _____

Please forward individual's application form and pre-employment documents to the District Office with all three copies of this recommendation form. Thank you.

BUSINESS MANAGER SIGNATURE:			_____ APPROVED _____ DENIED
DATE OF POLICE CHECK: _____			SUPERINTENDENT SIGNATURE:
EXPERIENCE:	PERCENTAGE:	AMOUNT:	DATE OF APPROVAL:
Yrs.	%	\$	

White Copy – Personnel File Yellow Copy - Bookkeeping Pink Copy – Building Principal/Supervisor

