

TO: MICHAEL COX
CHIEF HUMAN RESOURCE OFFICER

Revised 2025

FROM:

DATE:

RE: RECOMMENDATION FOR ELECTION – EXTRA DUTY STAFF

VERY IMPORTANT: ALL INFORMATION MUST BE PROVIDED BEFORE APPROVAL CAN BE GRANTED. All recommendation forms must be sent to the Title I, Elementary, or Secondary Director for a signature. They will then forward to the Chief Human Resource Officer..

I have given consideration to the following candidates for my Extra Duty vacancy:

By Credentials Only	Date	By Credentials then Interview	Date
_____	_____	_____	_____
_____	_____	_____	_____

Based on these interviews, please recommend to the Board of School Trustees:

Name: _____

Address: _____

Phone: _____ Date of Birth _____

Social Security Number: ____ - ____ - ____ Sex (M/F) _____

Race ____ Maiden Name _____

for the position of _____, _____
Extra Duty Assignment Vacancy #

replacing _____, effective _____
(Last Elected Employee in Position) Date

Primary reasons for recommendation:

I certify that this recommendation does not violate Policy 1130: Conflict of Interest. Thank you for your consideration in this matter.

FOR HUMAN RESOURCES OFFICE USE ONLY:

Approved by: _____
Chief Human Resource Officer Date Director Date