

**COLVILLE SCHOOL DISTRICT NO. 115
NEW EMPLOYEE
HIRE RECOMMENDATION FORM**

NAME: _____

POSITION: _____

SCHOOL OR DEPARTMENT: _____

PROGRAM(S) NAME & NUMBER: _____

NUMBER OF DAYS PER YEAR: _____ HOURS PER DAY: _____

BEGINNING TIME: _____ ENDING TIME: _____

STARTING DATE: _____ ENDING DATE (IF INTERIM): _____

STEP /RATE OF PAY OR STIPEND: _____

NOTES: _____

NEW POSITION? _____ REPLACES WHOM? _____

SUPERVISOR: _____

Supervisor Signature

Program Administrator Signature

Date

Date

Superintendent / Personnel Signature

Date