

Rains Independent School District

New Employment Reassignment Campus/Department - Position Transfer/Addition

Name of Recommendation for Position: _____

Address: _____ City/State/Zip: _____

Phone(s): _____

Campus or Department: _____

Position/Teaching Assignment: _____

Position Formerly Held By: _____

If Reassignment-Current Position: _____

If Coaching Slot -Replacement of: _____

Begin Date for This Assignment: _____ # Contract Days: _____

Recommended Salary: _____ Pay Grade: _____

Salary Budget Code(s): _____ - _____ % _____ - _____ %

_____ - _____ % _____ - _____ %

Signature of Assistant Superintendent of Finance: _____

Degree/Certification: None Associates Bachelors Masters Doctorate Other: _____

Total Years Experience: _____ Certified for Assignment: Yes No _____

Current TRS Member: Yes No TRS Retired: Yes No Year & District: _____

References checked: Yes No Comment: _____

Has this person worked for Rains ISD before: Yes No

If yes: When? _____ What capacity? _____

Other persons interviewed for the position (if applicable):

<u>Name/City or School</u>	<u>Name/City or School</u>
1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Why is the above person being recommended?

If this recommendation is not accepted, who (if any) would you recommend from the list above?

Date

Signature of Principal or Supervisor

(FOR SUPERINTENDENT USE ONLY)

Approves Disapproves and suggests the following: _____

Date

Signature of Superintendent