MITCHELL SCHOOL DISTRICT 17-2 MITCHELL, SOUTH DAKOTA

RECOMMENDATION FOR EMPLOYMENT CLASSIFIED PERSONNEL

	School Year	Part of Year _	Date	to Date	
1.	<u>Personal Data</u> :				
	Last Name	First Name		Middle Name	
	MaleFemale	Title:Mr.	Mrs.	Ms.	
	Social Security Number			DOB	
	Address:				
	Phone #:		_ Email:		
2.	Education:				
	A. High School Graduate?YesNo B. College/Business School/Vocational School?YesNo				
3.	3. <u>Recommended Assignment</u> :				
	A. Job to be performed:				
	B. Number of hours per day:				
	C. Recommended starting date:				
4.	Recommended Pay: Hourly	y Wage			
5.	Supplementary Information:				
6.	Recommended by: Signature			Date	

It is recommended the following named person be employed for the period designated: