MITCHELL SCHOOL DISTRICT 17-2 MITCHELL. SOUTH DAKOTA

Recommendation for Employment Certified Personnel

	School Year	Part of Year_	to			
			Date	Date		
. <u>Persona</u>	al Data:					
Last N	 Name	First Name	Middle Name Social Security Number		DOB	
N	1ale	Female				
. <u>Certific</u>	ation Information:					
South D	Dakota Certification	No.:	_ Expiration:	Тур	oe:	
. <u>Educati</u>	on – Experience					
	Highest Degree from Date:					
	nce – Number of <u>Fu</u>					
		Training Lev	/el:			
. <u>Teachin</u>	ng Assignment:	Full tim				
Subject	t: Number of Periods					
Subject	:		Number of Periods			
Subject	:					
	R	ecommended Compen	sation for Teach	ing: \$		
Extra C	urricular Assignmen	<u>t:</u>				
			Compensation	for Extra-curri	cular \$	
			_Compensation	for Extra-curri	cular \$	
			Recommended	d Total: \$		
:======		=======================================			========	
Telephone	::					
Telephone	::	E	mail:			
				-=======		
Racommo	nded by:			Date:		
(CCOIIIIIEI	naca by		Date:			