

Hugoton USD 210
Employee Recommendation Form

Date:

To:
From:
RE:

Position:

Name:

Educational Background:

Employment History:

References:

Administrator Recommendation:

Start Date:

Salary Placement:

Supervisor Approval Signature

Superintendent Approval Signature

Employment Verification Checklist

_____ Recommendation Sheet for Board of Education

_____ Board of Education Employment Approval

_____ Employee Background Check
Date Sent _____
Date Complete _____

_____ Pre-Employment Drug Screen
Date Sent _____
Date Complete _____

Pre-Employment Payroll Enrollment

_____ SSN Verification

_____ I-9
Verification Documents _____

_____ Time Clock
_____ Emp. ID Number _____

_____ Public School Works

_____ AESOP

_____ KS Dept. Of Labor

_____ APTA: _____ Unemployment
_____ Direct Deposit
_____ Workman's Comp

_____ ID Badge

_____ District Insurance/MEMD (if eligible)

_____ KPERS (eligible if working over 630 hours per year)