

Recommendation for Assignment - School Year _____

I recommend the following personnel be elected to _____

Name of recommended personnel: _____ Phone Number: _____

Certified _____ **Classified** _____ **or** **Non-faculty** _____

School: _____ Position: _____

Is this a new position? _____ Yes _____ No, applicant is returning from _____ school year.

Salary Funding Source: School Paid _____ Board Paid _____ Volunteer _____ (**NOT PAID**)

School Bookkeeper

Date

Sponsor or Athletic Director's Signature

Date

Principal's Signature

Date

With my signature, I agree to discharge faithfully all the duties imposed by the Laws of Tennessee and the rules, regulations, and policies of the Cheatham County Board of Education, The Tennessee State Board of Education, and the Tennessee State Department of Education. *I understand my contract expires June 30th each year.*

Applicant's Signature

Date

Human Resource's Signature

Date

Director of School's Signature

Date

You must have applicant come to our office to schedule background checks. This applicant may not report for duty until you have received approval from the Human Resources.

(Board Office Use Only)

Approved Background Check/Drug Test _____ yes _____ no

Background Tests Funding Source (fingerprinting \$38.00 and drug testing \$47.00)

Employee Paid _____ Sport/Club Paid _____ **School PO #** _____

(WAIT for BOE notification for amount of PO.

(Bookkeeper to provide PO prior to screening)

Payroll will invoice school once approval arrives unless otherwise indicated above.