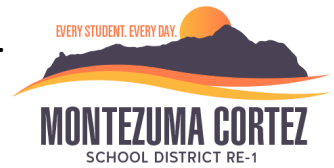


# MONTEZUMA-CORTEZ SCHOOL DISTRICT RE-1



## EMPLOYMENT RECOMENDATION

Please Follow These Sequential Steps

<b>Contact Payroll for Codes</b>	Is this a vacant position YES <input type="checkbox"/> NO <input type="checkbox"/> Control Code #: _____
<b>For Principal and Director Use Only</b> → Fill In and Turn In To HR →	Name: _____ Position: _____ <input type="checkbox"/> New <input type="checkbox"/> Replaces-Who: _____ Reason: _____ School/Dept/Program: _____ FTE/Hours per Day/Time Sheet: _____ Interviewed By: _____ Reference Checked By: _____ Desired start date: _____ <b>Highly Qualified?</b> WILL <input type="checkbox"/> WILL NOT <input type="checkbox"/> <b>CDE License?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> How Many Applications Did You Review: _____ How Many Interviews: _____ Recommended By: _____ Date: _____ <b>FOR BACKGROUND CHECK:</b> SSN _____ DOB _____ Approving Signature: _____ Date: _____
<b>For Human Resources Use Only</b> → Fill In and Turn In To HR Director  → HR Email Candidate Name, Position, School to Payroll	<p><b><i>The following MUST be complete before recommendation is sent to the Board of Education for employment. (Coaches, Assignments, Volunteers, Support Staff and Paras only require first three)</i></b></p> Application <input type="checkbox"/> Personnel Information <input type="checkbox"/> Fingerprint Card <input type="checkbox"/> Resume (teachers) <input type="checkbox"/> Official Transcripts (teachers) <input type="checkbox"/> Para Test <input type="checkbox"/> _____ Copy of Transcripts (teachers) <input type="checkbox"/> VOE Form <input type="checkbox"/> _____ Copy of CDE License (teachers) <input type="checkbox"/> _____ Three Letters of Reference (teachers) <input type="checkbox"/> _____ Background Check Completed By: _____ First Day Candidate to Report for Duty: _____
<b>For Human Resources Director Use Only</b> → Fill In and Turn In To Business Office/Grants	Salary Schedule/Step/Salary: _____ / _____ / \$ _____ Additional Days/Daily Rate/Total: _____ Days * \$ _____ Total \$ _____ Sick Days: _____ Up Front/Per Month-Personal Days: _____ Less Than Full Contract Calculation: _____ Pay Per Day X Work Days of Contract _____ <b>Contract Total \$:</b> _____ First Pay Check: _____ Benefits Begin: _____ _____ Months remaining in contract. Estimated monthly gross pay \$: _____ Approving Signature: _____ Date: _____
<b>For Business Office and Grants Only</b> → To Payroll	<b>Is this a Grants Position?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> Funding Source _____ % _____ _____ % _____ Approving Grants Signature: _____ Date: _____ Approving Finance Signature: _____ Date: _____
<b>For Payroll Use Only</b> → To Superintendent's Office	Approving Signature: _____ Date: _____
<b>For Superintendent's Office Use Only</b>	Board meeting date for applicant recommendation: _____ Applicant approved by board: YES <input type="checkbox"/> NO <input type="checkbox"/> Contract Available Date: _____ Superintendent Signature: _____ Date: _____

Please Send to [hrpayroll@cortez.k12.co.us](mailto:hrpayroll@cortez.k12.co.us)

Revised 2.1.2024 RD