

CONEJO VALLEY UNIFIED SCHOOL DISTRICT

Certificated Human Resources

HIRING RECOMMENDATION FORM

Name: _____		Anticipated Start Date: _____	
Req# _____		If Temporary, Anticipated End Date: _____	
Hiring Site: _____	Grade/Subject: _____	FTE: <input type="checkbox"/> Full-time OR <input type="checkbox"/> _____%	Status: <input type="checkbox"/> New Hire <input type="checkbox"/> Transfer <input type="checkbox"/> Returning Temp
Transfer from Site, if applicable: _____	Grade/Subject: _____	Replacement of (Name): _____	
Reason for replacement:	<input type="checkbox"/> Resigned/Retired <input type="checkbox"/> Reassigned <input type="checkbox"/> Non-Re-Elect <input type="checkbox"/> Leave	<input type="checkbox"/> Promotion <input type="checkbox"/> New / Growth <input type="checkbox"/> Transfer <input type="checkbox"/> Job Share	<input type="checkbox"/> Temp Contract not renewed <input type="checkbox"/> Returning Temp <input type="checkbox"/> Other: _____

A hiring supervisor must complete THREE reference checks for NEW hires / NEW temporary teachers only.
Please submit reference checks in TalentEd. If not, please attach the completed reference checks with this form submission.

Name of Person Contacted	Position	Phone #	Email	Date of Contact	Positive Recommendation?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Name/Signature of Hiring Supervisor: _____	Date: _____
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Notes: _____

FOR HUMAN RESOURCES USE ONLY

<input type="checkbox"/> Credentialed	<input type="checkbox"/> Will be Credentialed	Board Approval Date _____
<input type="checkbox"/> NO Induction	<input type="checkbox"/> YES Induction Year 1 / Year 2	<input type="checkbox"/> Salary Placement _____
<input type="checkbox"/> Transcripts	<input type="checkbox"/> CBEST _____	Approved by: Asst. Superintendent, HR
<input type="checkbox"/> VOE		

Employment Status is determined by Human Resources:

Temporary
 Prob 0
 Prob 1
 Prob 2
 Permanent

SPECIAL EDUCATION AGENCY HIRES ONLY:

DOB: _____ SS: _____ Phone#: _____

Address: _____
Street Address City State Zip Code

Credential
 Ed. Code (SLP Only)
 Official Transcripts
 DOJ Affidavit/Letter
 TB Clearance