



SKOKIE SCHOOL DISTRICT 73.5 NEW HIRE RECOMMENDATION FORM

(1) To Be Completed by the Hiring Manager

ANTICIPATED START DATE: _____ **DATE SUBMITTED:** _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

NAME: _____ **EMAIL:** _____

STREET ADDRESS: _____ **CITY/STATE/ZIP:** _____

CONTACT PHONE #: _____ **POSITION HIRED FOR:** _____

REPLACED STAFF MEMBER (if applicable): _____ **Job #:** _____

(2) To Be Completed by the Hiring Manager

IEIN (if applicable): _____

For Paraprofessional, do they have their para license?

CERTIFIED **CLASSIFIED** Yes No **CONFIDENTIAL**

REGULAR **SPECIAL EDUCATION** **FULL-TIME** **PART-TIME** **TEMPORARY**

<input type="checkbox"/> LONG-TERM SUBSTITUTE ASSIGNMENT	<input type="checkbox"/> ASSIGNMENT CHANGE
START DATE: _____	CURRENT POSITION: _____
ANTICIPATED END DATE: _____	NEW POSITION: _____
EST. LENGTH OF ASSIGNMENT: _____	NOTES: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
START TIME:					
END TIME:					

BUILDING: Meyer Middleton McCracken District

HIRING MANAGER: _____ **REFERENCES CHECKED:** _____ (please initial)

Please Complete the Next Section for Classified Employees Only: \$1.00 per differential (please select all those that apply)

FLUENT IN ONE OF THE DISTRICT'S TOP 5 LANGUAGES

Urdu Spanish Assyrian/Arabic Filipino (Tagalog) Vietnamese

Substitute License PEL License Bus License

(3) To Be Completed by the Business Office and Approved by the Superintendent's Office

CERTIFIED EMPLOYEES: **BENEFITS ELIGIBLE?**

NUMBER OF PRIOR YEARS OF EXPERIENCE: _____ **COMPLETED TRANSCRIPTS?** _____

EDUCATION LANE: _____ **STARTING LANE:** _____ **STARTING STEP:** _____

SALARY: _____ **APPROVED:** _____

CLASSIFIED EMPLOYEES: **BENEFITS ELIGIBLE?**

BASE HOURLY: _____ **DAILY RATE:** _____ **ADJUSTED HOURLY:** _____

ANNUALIZED SALARY: _____ **APPROVED:** _____

CONFIDENTIAL EMPLOYEES: **BENEFITS ELIGIBLE?**

SALARY: _____ **HOURLY RATE:** _____ **APPROVED:** _____