

EMPLOYMENT RECOMMENDATION SHEET

Georgetown County School District

School: _____

Available Position: _____

Account Number: _____
(REQUIRED)

Position Number: _____
(Use all 19 digits) (REQUIRED)

Full or Part-time: _____

Candidates Interviewed: _____

Date of Interview(s): _____

Interview Team: _____

Candidate Recommended: _____ S.S. Number: _____

FILL IN THIS SECTION FOR TEACHER RECOMMENDATIONS ONLY.

School(s) Attended: _____

Major: _____

Degree(s): _____

Dates of Degrees: _____

Years Experience: _____

Area(s) of Certification: _____

Beginning Date
for Employment: _____
(EXACT DATE REQUIRED)

Number of
Contract Days: _____

Other In-district
employment: _____

TO BE COMPLETED BY DISTRICT ONLY

Type of Contract: _____
(Letter of Agreement, Induction, Provisional, Annual,
or Continuing)

Signature of Principal/Dept. Head

Date

PLEASE FAX THE COMPLETED RECOMMENDATION FORM TO OFFICE OF HUMAN RESOURCES AT 436-7143