CSEA RECOMMENDATION FORM

Please send this form with all attachments (see below) to the Office of Human Resources with the complete information for <u>ALL</u> posting recommendations. If you are faxing to 563-3468, please include **ALL OF THE ATTACHMENTS BELOW**.

| DATE: | | |
|---|--|--|
| TO: | Genieve Holder, Assistant Superintendent of Human Resources | |
| FROM: | | |
| The information below MUST be filled out in its entirety: | | |
| Recommended Candidate: | | |
| Position & Location: | | |
| Recommendation may be contacted at: | | |
| Reason for recommendation: | | |
| | | |
| To fill posting name: | | |
| Name of person being replaced: | | |
| Specific Position (Grade, etc.): | | |
| Preferred start date: | | |
| Checklist iter | ms attached: | |
| Name | s and addresses of all candidates interviewed s of all interview team participants of questions asked ences | |
| To be completed by Human Resources: | | |
| Approved by: | | |