

**HOLLISTON PUBLIC SCHOOLS
HOLLISTON, MA 01746**

TO: Superintendent/Designee
FROM:
RE: Appointment of Personnel

I recommend the appointment of _____ to fill
the position of _____ Requisition No. _____ at the
_____ School. The position is full-time _____ part-time _____.

If appointed, I recommend that _____ be placed on
Step _____ Track _____ of the salary schedule. Effective starting date of employment is
_____.

_____ applicants applied and _____ candidates were interviewed for the position by myself
and _____. _____ references on the recommended
candidates were checked by me.

My recommendation is based upon the following reasons:

Other candidates interviewed for the position: (Please put a check (3) next to candidates who were seriously considered.)

_____	_____
_____	_____
_____	_____

All application material is enclosed.

Signature of Administrator

Date

(over)

CANDIDATE INFORMATION VERIFICATION LIST

Please complete and/or check the appropriate items to indicate that the required information and support data have been included in the candidate's folder. Without the required information and documents the applicant will not proceed to election and/or placement on the payroll.

ADMINISTRATIVE ACTION: To be completed by the recommending Administrator.

- () Candidate's Name _____
- () Recommended salary placement: Step _____ Track _____ Rate _____
- () Proposed assignment/building level: _____
- () Recommended appointment date: _____
- () Completed application
- () Transcripts
- () References
- () Certification(s) License(s) Subject/Area of Certification and Levels _____
_____. Is the Certification: Provisional () or Standard ()
- () Administrator's written recommendation
- () CORI Form
- () Mentor Requested? Yes _____ No _____
- () New Teacher Institute? Yes _____ No _____

Direct new employee to the Town Hall (Treasurer's Office) to complete:

- New Employee Form
- W-4 Form
- Employment Eligibility Verification Form (Passport or Social Security Card Required)
- Teacher/County Retirement Form (Birth Certificate required)
- Health and Life Insurance Information

Signature of Administrator

Date

Copy of Contract/Appointment Letter to:

- () Administrator
- () Payroll

Signature of Superintendent/Designee

Date