



PARK CITY
SCHOOL DISTRICT

EDUCATIONAL EXCELLENCE

2700 KEARNS BOULEVARD
PARK CITY, UTAH 84060

435/645-5600
435/645-5609 FAX

**NEW EMPLOYEE RECOMMENDATION
(SUBSTITUTE CLASSIFIED)**

NAME OF NEW SUBSTITUTE EMPLOYEE: _____

DATE: _____ POSITION: _____

PART-TIME: _____ HOURS: _____ FULL-TIME: _____

SCHOOL/LOCATION: _____ PROJECTED START DATE: _____

NEW FTE: YES NO IF NO, REPLACING: _____

REASON FOR REPLACEMENT: _____

ADMINISTRATOR MAKING RECOMMENDATION: _____

THE FOLLOWING ITEMS HAVE BEEN RETURNED FOR PROCESSING:

1. Application (signed and dated). Yes No

2. The following reference checks have been conducted (enclose reference report forms):

_____ by phone by mail
_____ by phone by mail
_____ by phone by mail

3. Hiring committee consisted of:

Principal's/Supervisors Signature

Tim J. McConnell
Director of Human Resources

Budget Approval Signature

Budget/Funding Source Code