



NEW EMPLOYEE EMPLOYMENT OFFER

New Employee Name: _____ Today's Date: _____

Position: _____ Location: _____

Projected Start Date: _____ FTE or Weekly Hours: _____ Contract Days: _____

Position Type: Licensed Classified Administrative Contract Services

Is this a New FTE? No Yes

Is this a Replacement? No Yes (Replacing Who?) _____

Reason for replacement: _____

The following has been completed: (Attach Required Documents)**

Required Employment Check** YES NO NA (Current Employee)

Interview Questions**

Candidate Scoring**

Please list the members of the hiring committee: _____

Please provide any special circumstances or pertinent information regarding this new hire:

Budget/Funding Source: _____ **Account Number:** _____

Administrator Date

Associate Superintendent, HR Date

Signed document and required forms must be submitted together to the District's HR Analyst. Incomplete information cannot be accepted.