



**TULLY CENTRAL SCHOOL DISTRICT
INSTRUCTIONAL RECOMMENDATION FOR APPOINTMENT**

NAME: _____

DATE: _____

POSITION: _____

BUILDING: _____

POSITION VACATED BY: _____

REASON: _____

DATE POSITION POSTED: _____

TYPE OF APPOINTMENT: _____

TYPE OF CERTIFICATE: _____

ANTICIPATED START DATE: _____

PROJECTED TENURE DATE: _____

DEGREE: _____

MASTERS: YES NO *(Verification Needed)*

GRADUATE HOURS: _____

▶ **NOTE: For TTA Grad Credit Hours capped by contract**

(Verification Needed)

BASE SALARY: \$ _____ MASTERS: \$ _____ CREDIT HRS: \$ _____
YRS EXPERIENCE CREDITED: _____ EXPERIENCE CREDIT: \$ _____ OTHER: _____
(Verification Needed)

RECOMMENDED SALARY: \$ _____

COMMENTS: _____

NOTE

When you have chosen your candidate, please complete this form and forward it to the DISTRICT OFFICE.
Attach application and any other pertinent information.

Administrator's Signature

COMPLETION BY DISTRICT OFFICE AFTER BOARD APPOINTMENT

Social Security Number: _____ NYS Retirement Number: _____
Board Approval Date: _____ Budget Code: _____
Number of Sick Days: _____ Family Days: _____ Personal Days: _____
Business Administrator: _____ Date: _____
Superintendent Approval: _____ Date: _____