

C.S.E.A. RECOMMENDATION and ACCEPTANCE

To be completed by Administrator/Supervisor or Special Ed Director:

NAME: _____

ADDRESS: _____

POSITION: _____

(Please note if this is a leave replacement)

STARTING DATE: _____

RECOMMENDED BY: _____ DATE: _____

REQUIRED ATTACHMENTS:
References *(at least 3)* Resume
Completed Employment Application

To be completed by District Office:

SALARY: _____

STEP: _____

FULL TIME: _____

PART TIME: _____ *(Number of hours)*

COMPLETED BY: _____ **DATE:** _____
(Superintendent/Designee)

ACCEPTANCE: I hereby certify that I am (or will be by the effective date of this appointment) duly qualified as provided by Education Law and the regulations of the Commissioner of Education for this position and that the information I have provided is accurate. I hereby accept this position as assigned for the school year _____.

Employee's Signature _____ **Date:** _____