

FACULTY RECOMMENDATION and ACCEPTANCE

To be completed by Building Administrator or Special Education Director:

NAME: _____

ADDRESS: _____

POSITION: _____
(Please note if this is a leave replacement or long-term substitute)

STARTING DATE: _____

RECOMMENDED BY: _____ DATE: _____

REQUIRED ATTACHMENTS: References (at least 3)

- Resume Transcripts Completed Employment Application
 Copy of Certification(s) Certificate Of Completion: Child Abuse Identification and Reporting
 Certificate of Completion: School Violence Prevention and Intervention
 Certificate of Completion: Autism (For Special Ed)

To be completed by District Office:

SALARY: _____

STEP: _____

GRADUATE CREDITS: _____ (Original transcript required)

TOTAL SALARY: _____

PRIOR EXPERIENCE (LONGEVITY): _____ (Number of years)

CERTIFICATION STATUS: _____

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

My signature below affirms that I was offered the opportunity to meet with a representative of the Putnam Valley Federation of Teachers prior to the below-referenced acceptance of employment. (Article V, Section B, #7-Prior Service Credit)

Teacher's Signature _____ **Date:** _____

ACCEPTANCE: I hereby certify that I am (or will be by the effective date of this appointment) duly qualified and certified 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 and salary for the _____ school year.

Teacher's Signature _____ **Date:** _____