

Personnel Recommendation Form

Directions

1. Be sure to fully complete all applicable sections of the form for which you are responsible.
2. Signers should be in the order listed in Section F.
3. A copy of the DocuSign should be sent to the applicable department heads. i.e., CTAE, ESOL, Federal Programs, Gifted and DES.

Reminders

- Notice of approval will be sent to all parties.
- **No employee shall begin to work or move into another position until Human Resources has approved the recommendation.**

Class Change – when an employee is transferred from one lateral position to another at the same location.

Transfer – when an employee is transferred from one lateral position to the same or different position at a different location.



CLAYTON COUNTY PUBLIC SCHOOL SYSTEM
DIVISION OF HUMAN RESOURCES
PERSONNEL RECOMMENDATION FORM

SECTION (A)

Employee Full Name _____ Employee ID# _____
Effective Date _____ Date Submitted _____

SECTION (B)

Classification Status:

FLSA Status

____ Certified ____ Classified ____ Exempt ____ Non-Exempt

SECTION (C)

Please email this form to the appropriate HR Analyst and await approval **before** awaiting approval **before** allowing the employee to start in the new lateral position.

____ Transfer ____ Reassignment ____ Class Change ____ Other _____

SECTION (D) Current

Position Title _____ Class Code _____ PCN _____
Subject Area _____ Work Location _____

SECTION (E) New Information

Position Title _____ Class Code _____ Subject Area _____
Work Location _____ PCN _____ Certification _____
Name of Person Replacing/ID _____

SECTION (F) Approvals

School/Department Head Signature _____ Date _____
HR Analyst/Specialist Signature _____ Date _____
Position Control Signature _____ Date _____
HR Director Signature _____ Date _____

Comments _____
