

Saint Lucie Public Schools
Letter of Recommendation for Appointment and/or Transfer

Date _____

1. Name _____
Last
First
MI

Account Number Change Only Administrative Appointment
 In-House Transfer Instructional Staff In-House Transfer Noninstructional Staff

2. This person will replace _____ who:

resigned or retired on _____ transferred was not reappointed
 is on approved leave from _____ to _____

3. Former Assignment _____ at _____
(ex: TCH-2nd Grade, Aides-Para ESE) Name of School or Department

Former Account:	% OF TIME	FUND	FUNC	OBJ	CNTR	PROJ	SUBPROJ	PROG
	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____

New Assignment _____ at _____
(ex: TCH-2nd Grade, Aides-Para ESE) Name of School or Department

New Account:	% OF TIME	FUND	FUNC	OBJ	CNTR	PROJ	SUBPROJ	PROG
	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____

Grant Administrator/Supervisor _____
Administrator/Supervisor _____

4. Effective Date of Appointment/Transfer _____

This person will work: Full-time Part-time Temporary

Employment length: 183 days 10-month 11-month 12-month

Transportation Area Manager Assigned _____ hours per day _____

5. **FOR HR USE:**

Pay Type _____ Contract Status _____ Placement Tracker _____ Agenda Date (if applicable) _____

HR Records Specialist _____

Certification Specialist _____

Human Resources Administrator _____