

Yupit School District

P.O. Box 51190
Akiachak, AK 99551
Tel. (907) 825-3600
Fax (877) 825-2429

RECOMMENDATION FOR EMPLOYMENT - CLASSIFIED PERSONNEL

____ Permanent

____ Substitute/Temporary

S.S# _____ Employee _____
Last First MI
Position _____
School Site _____
Recommended Authorized Hours for Position _____
Date Submitted to Business Office _____
Anticipated Starting Date _____

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The following items MUST BE COMPLETED AND ATTACHED to this form when submitted to the Business Office:

- ____ Employment Application (3 pages)
- ____ W-4 Form
- ____ Employment Eligibility Verification (Form 1-9)
- ____ Life AND Health Insurance Applications (These are ONLY required for permanent positions authorized for 20 or more hours per week)
- ____ Status Change Form
- ____ Two (2) copies of Identification (State ID, SSN card, Birth Certificate)

PLEASE NOTE

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NO APPLICANT WILL BE ALLOWED TO BEGIN WORK UNTIL ALL OF THESE FORMS HAVE BEEN COMPLETED, ARE ON FILE WITH THE BUSINESS OFFICE, AND NOTIFICATION OF EMPLOYMENT HAS BEEN RETURNED TO THE JOB SITE.

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- ____ TB Test Form - Must be submitted to Business Office no later than 30 days from hire date.
 - ____ Physical Exam Form - Must be submitted to Business Office no later than 60 days from hire date. Failure to pass exam will mean immediate release from employment.

Failure to submit either form within required timeline will result in suspension without pay or termination.

Original - Personnel File
Copy - Payroll File

Administrator/Principal

Revised 10/2011