

Lampasas ISD PERSONNEL RECOMMENDATION FORM

Employee Name: _____ Effective Date: _____

Complete form and submit to human resource office. Once all requirements are met, notification will be sent to campus/department.
Employee cannot start assignment until approval has been received.

☐ **CHANGE IN CAMPUS OR ASSIGNMENT:**

Current Position (as listed on FTE Report): _____ Current Campus: _____ *Principals – Complete FTE code below	Reassignment (as listed on FTE Report): Campus/Dept: _____ New Position: _____ Specific Duty: _____ Pay Grade (if applicable): _____ Hours per day: _____ Days: _____ Replacement for: _____ Purpose of reassignment: _____
--	--

- ☐ **TEMPORARY EMPLOYEE**
☐ **PART-TIME EMPLOYEE**
☐ **LONG TERM SUBSTITUTE**

Contact Email & Phone Number: _____

Primary Assignment (as listed on FTE Report): Campus/Dept: _____
 Position: _____ If substitute, who is on leave: _____
 Employment dates: from _____ to _____
 Hours per day: _____ Hourly Rate: _____ Estimated cost: _____
 Days per week _____
 Additional Access Requested: _____

☐ **NEW HIRE RECOMMENDATION:**

APPLICANTS INTERVIEWED
 Name Date

REFERENCES CALLED:

Primary Assignment (as listed on FTE Report): Campus/Dept: _____
 Position: _____ Specific Duty: _____
 Pay Grade (if applicable): _____ Hours per day: _____ Days: _____
 Other areas of assignment (if applicable): _____
 Coaching or other stipend areas: _____
 Replacement for: _____
 Reason for selection: _____

***Principals – Complete FTE code below**

FULL TIME EQUIVALENT (FTE) CODES: (make these changes to your electronic FTE Report)

Fund	Function	Object	Sub-Object	Campus	FY	Program	Local Codes	Total FTE
_____	E _____	_____	_____	_____	0	_____	0	% _____
_____	E _____	_____	_____	_____	0	_____	0	% _____

APPROVALS:

Recommendation of Principal or Director: _____	Date: _____
Director of Accounting (Budget Review): _____	Date: _____
Administrator/Grant Manager (if applicable): _____	Date: _____
Superintendent or Chief Financial Officer: _____	Date: _____

SCAN AND EMAIL COMPLETED FORM TO
 HUMAN RESOURCE DEPARTMENT
 Whitney Walker at walkerwh@lisdtx.org

Approval sent to Principal/Director _____

Copy to Payroll Department _____

Revised: 7/2021