Tidehaven Independent School District
Recommendation to Superintendent

Name: _____ Date: _____

Campus: Blessing Markham Intermediate High School

Recommended Assignment: _____

Present Position (if transfer): _____

Years Experience: _____ Number of Candidates Interviewed: _____

Interviewed by (committee members):

_____

_____

Professional Qualifications:

_____

_____

Other Qualifications and/or Experience:

_____

_____

Comments:

_____

_____

_____ _____

Campus Principal/Administrator Superintendent

_____ _____

Date Date

NOTE: Highly Qualified Worksheet and Applicant checklist with references and administrators contacted must be attached

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This section to be completed by Superintendent

Employee start date: _____ Verified Years of Service: _____

Employee Salary: State Base: _____ Local: _____ Additional Days: _____

Stipend: _____ Daily Rate of Pay Calculation: _____

Contract Type: _____ Contract Months: _____