

## Employee Recommendation for O.U.R. Contract:

Date Submitted to Director \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Position \_\_\_\_\_

Department \_\_\_\_\_

Supervisor \_\_\_\_\_

.....  
Date of Personal Interview with Supervisor \_\_\_\_\_

Minimum of Two References Checked Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Employee Interview by Director \_\_\_\_\_

Recommended Date of Board Approval for Contract \_\_\_\_\_

Recommended Starting Date \_\_\_\_\_

Date of Conference with New Employee/Business Manager \_\_\_\_\_

Employee Packet on File Yes \_\_\_\_\_ No \_\_\_\_\_

.....  
Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_