



RECOMMENDATION for SUPPLEMENTAL CONTRACT or CONTRACT MODIFICATION Revised 2022

REQUEST FOR (please check one): <input type="checkbox"/> Supplemental <input type="checkbox"/> Contract Modification					
BOARD APPROVAL REQUIRED BY:		WCESC <input type="checkbox"/>	GOVS <input type="checkbox"/>	COG <input type="checkbox"/>	
GENERAL INFO					
THIS INDIVIDUAL IS CURRENTLY EMPLOYED WITH APPROVING ENTITY AS (POSITION/PROGRAM):					
Last Name:		First Name, M.I.	DOB:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #
Address:			City:	State:	Zip:
Phone w/ Area Code:		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Race: <input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other		
DEVELOPMENT of SUPPLEMENTAL CONTRACT or CONTRACT MODIFICATION					
Position/Title:		Program:	Assigned Location(s) (designate %)		Type: <input type="checkbox"/> Certified <input type="checkbox"/> Non-Certified
Position Start Date:		Position End Date:		Board Hire Date:	
Payroll Start Date:		Payroll End Date:		Comments:	
Contract: <input type="checkbox"/> Limited <input type="checkbox"/> Continuing <input type="checkbox"/> Retire/Rehire <input type="checkbox"/> Supplemental			Schedule/Step/Degree:		
Salary/Rate: <input type="checkbox"/> Daily <input type="checkbox"/> Hourly <input type="checkbox"/> Annual		Contract Days:		Pay Account:	
ELIGIBLE FOR AFFORDABLE CARE ACT (ACA)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
APPROVAL/SIGNATURES (Follow the order of approval as listed below)					
Your signature designates approval to offer employment to the applicant and for placement on board agenda for employment. NOTE: Supervisors are not authorized to offer employment to any job applicant prior to approval by the superintendent.					
① Program Supervisor (to recommend employment to Supt.)					Date
② Director of Program/Service (to verify recommendations as appropriate)					Date
③ Assistant Superintendent (Student Services/Programming) (to verify all recommendations as appropriate)					Date
④ Assistant Superintendent (Human Resources and Business Operations) (to verify all recommendations)					Date
⑤ Treasurer (to verify financial/salary)					Date
⑥ Superintendent (to recommend employment to Board)					Date
This recommendation is being returned to the supervisor for additional information. Comments:					

