

THE SCHOOL DISTRICT OF VOLUSIA COUNTY
OUT-OF-FIELD ASSIGNMENT RECOMMENDATION

NAME _____ SOC. SEC.# _____

SCHOOL _____ PRINCIPAL _____

NEW HIRE RE-ASSIGNMENT REGULAR TEMPORARY LIMITED TERM

RECOMMENDED POSITION	NO. OF PERIODS	COURSE CODE NUMBER

B.A. DEGREE B.S. DEGREE (LIST FIELD _____)

NAME OF UNIVERSITY: _____

_____ CITY _____ STATE _____

M.A. DEGREE M.S. DEGREE (LIST FIELD _____)

NAME OF UNIVERSITY: _____

_____ CITY _____ STATE _____

OTHER DEGREES: _____

CERTIFICATION: FLORIDA OTHER STATEMENT OF ELIGIBILITY

LIST ALL AREAS OF CURRENT CERTIFICATION: _____

LIST COURSEWORK TOWARD CERTIFICATION IN RECOMMENDED OUT-OF-FIELD ASSIGNMENT:

PREVIOUS RELATED EXPERIENCE: _____

JUSTIFICATION FOR RECOMMENDATION: _____

THIS RECOMMENDATION MEETS SACS ACCREDITATION STANDARDS YES NO

DATE OF ASSIGNMENT PRINCIPAL DATE
(ESOL/Current Employee)

EMPLOYEE DATE

THE ABOVE INFORMATION WILL BE PRESENTED TO THE SCHOOL BOARD.

HUMAN RESOURCES USE:

ASSIGNMENT/RE-ASSIGNMENT APPROVED _____/DENIED _____

DATE OF BOARD MEETING _____ APPROVED _____/DENIED _____

DISTRIBUTED BY CERTIFICATION DEPARTMENT