**LOWNDES COUNTY PUBLIC SCHOOLS**

**Employment Recommendation Form**

**School Year_____**

**School Site_____**

**Administrator_____**

| Name | Position | Grade/Subject | Replacement | Funding Source | Effective Date |
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**Principal/Supervisor/Director_____ Date_____**

**Human Resource Director_____ Date_____**

**Superintendent_____ Date_____**

**Comments**_____

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Revised July 2017