

**TRANSFER**

**THE SCHOOL BOARD OF NASSAU COUNTY, FLORIDA**

1201 Atlantic Avenue ▪ Fernandina Beach, Florida 32034

**TRANSFER**

*AN EQUAL OPPORTUNITY EMPLOYER*

**RECOMMENDATION FOR ADMINISTRATIVE PERSONNEL**

Location: \_\_\_\_\_ Date: \_\_\_\_\_

I recommend the following applicant for the \_\_\_\_\_ school year.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

*Type in Name as it appears on the Applicant's Social Security Card*

SS #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The following is required For Automated Staff Data Elements: Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Position For Which Recommended: \_\_\_\_\_

Highest Level of Training:  Bachelor's  Master's  Specialist  Doctorate

High School/Associates (*Vocational Teachers only*)

Type of Certificate:  S.O.E.  Temporary  Professional

Areas of Certification: \_\_\_\_\_

Types of Previous Employment, Dates and Location (Use reverse side if needed):

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) \_\_\_\_\_

(5) \_\_\_\_\_

Type of Contract Recommended: \_\_\_\_\_ Effective Date of Employment: \_\_\_\_\_

Respectfully Submitted,

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Signature of Principal or Director

\_\_\_\_\_  
Signature of Personnel Representative and Date

Please Check Appropriate Boxes:  Pre-Employment Screening Form (REQUIRED)  
 Interview Forms attached (includes all persons interviewed for this position)

Please Check One:  New Position  
 Replacement for: \_\_\_\_\_

*Type in Name*