



SAVANNAH STATE UNIVERSITY

A Unit of the University System of Georgia
Savannah, Georgia 31404

RECOMMENDATION FOR EMPLOYMENT – STAFF FORM

I am recommending _____
Last First Middle Initial

SSN _____ To fill the position of: _____

in the Department of _____ Effective Date _____

Ending Date _____

Budget Page _____ Position # _____

Position Type: Regular Temporary Part-Time

Qualifications for said position are as follows:

EDUCATION	MAJOR	DEGREE
High School: _____		
College: _____		
Technical: _____		

EXPERIENCE:

Firm _____ Position _____ Date Employed _____

Firm _____ Position _____ Date Employed _____

Present employer is: _____

Recommended Rate: Annual _____

Hourly _____

Monthly _____ Date _____

Approved by: _____

Supervisor

Approved by: _____

Unit Head/Dean/Director

Approved by: _____

Vice President

Approved by: _____

Budget