



Township Public Schools

**PER DIEM SUBSTITUTE
RECOMMENDATION
FORM**

Candidates Name: _____

Interview Date: _____

Recommended for hire: Yes **NO**

Certificate Type: **(check one)** County Standard COE COEAS
Praxis College credits (60)

Notes:

Administrator's Name/School: _____

Signature: _____ Date: _____

HR Use Only:	<input type="checkbox"/>	<i>Application</i>	<input type="checkbox"/>	<i>References</i>
	<input type="checkbox"/>	<i>Oath</i>	<input type="checkbox"/>	<i>Certificate</i>
	<input type="checkbox"/>	<i>1 - 9</i>	<input type="checkbox"/>	<i>S4T Confirmation</i>
	<input type="checkbox"/>	<i>W4</i>	<input type="checkbox"/>	<i>TB</i>