



Wild Rose Public Schools

Contract Status Recommendation
(Certificated Staff)

Name of Teacher: _____ School: _____

SECTION A:

- ___ New employee- complete Section B & C (Summary of Hiring must be attached)
- ___ Current employee – new contract for current employee (complete Section B)
- ___ Current employee - FTE adjustment for current employee*

Change FTE from _____ to _____ effective _____
**can only occur on the first teacher day of the month*

SECTION B: Recommended Contract Status:

___ Interim Full-time Start Date: _____ End Date: June _____
 ___ Interim Part-time Start Date: _____ End Date: June _____
 Extension to Interim FTE: _____

___ Temporary Full-time Start Date: _____ End Date: June _____
 ___ Temporary Part-time Start Date: _____ End Date: June _____
 Teacher Replaced: _____ FTE: _____

___ Probationary* Full-time Start Date: August _____ End Date: June _____
 ___ Probationary* Part-time Start Date: _____ End Date: June _____
 Extension to 2nd year Probationary
** Probationary contract must be for a full school year* FTE: _____

___ Continuing Part-time Start Date: _____
 Evaluation Received FTE: _____

___ Continuing Full-time Start Date: _____
 Evaluation Received FTE: _____
**Note: moving from Continuing Part-time to Continuing Full-time does not require an Evaluation*

SECTION C: FTE Breakdown:

General Ledger Codes	% of Teaching Time
200 - ECS	%
300 - REG	%
310 - Admin	%
- AISI	%
- CTS	%
TOTAL	100.00%

Principal Signature

Date

Division Office Approval

Date