CAPE FEAR COMMUNITY COLLEGE
PERSONNEL RECOMMENDATION

NAME_______________________________________________      DATE_______________________

POSITION_________________________________________________PVA#_____________________

We recommend the above named applicant over other applicants for the following reasons and certify that
the employment procedures adopted by the CFCC Board of Trustees as prescribed in the College’s Faculty
and Staff Handbook have been followed. For instructor positions, please indicate that the candidate is
proficient in oral and written communications.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

TERM OF EMPLOYMENT:   Nine (9) Month________          Twelve (12) Month__________

SALARY PLACEMENT/RANGE_______           RECOMMENDED SALARY _____________/Month

I certify the above applicant meets the academic and experiential qualifications specified in the position
description.

_____________________________________  ____________________________________
CHAIR, SEARCH COMMITTEE    SUPERVISOR/ADMINISTRATOR

_____________________________________  ____________________________________
SENIOR ADMINISTRATOR    PERSONNEL DIRECTOR

When this form is completed and signed by all appropriate personnel, it must be forwarded to the President’s
office along with the applicant’s file.

__________________________________ __________________
PRESIDENT     DATE

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April 25, 2000