



Appendix A
Town of Claresholm Seasonal Worker Rehire Confirmation Form

Employee Name: _____

Department: _____

Position Title: _____

Previous Employment Period: _____

Previous Wage: _____

Proposed Rehire Period: _____

Proposed Wage: _____

Supervisor Name: _____

Season End Performance Review and Feedback Notes:

Confirmation:

I confirm my interest in returning to seasonal employment with the Town of Claresholm for the upcoming season. I understand that rehire is subject to operational needs, budget availability and ability to perform job duties upon recall.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____