

NEW EMPLOYEE / EMPLOYEE CHANGE FORM

Form must be completed for all

new or rehired employees, current employee position changes/additions or status changes, terminations

NEW EMPLOYEE / REHIRE

Employee Name: _____ Effective date: _____

Position Title: _____ Building(s): _____ Previous Incumbent: _____

Position Information:

Permanent Temporary (dates: _____) Rehire or Recall from Layoff

Work days/year _____ 9 Months 10 Months 11 Months 12 Months

Full Time Part Time Hours/Day/Week _____ **OR** FTE _____
(Attach calendar if part time or varied work days)

Account Code(s): _____ % _____
_____ % _____
_____ % _____

Recommended Lane _____ Step _____ Years of Experience _____

EMPLOYEE CHANGE (Position Changes/Additions)

Employee Name: _____ Effective date: _____

Current Position Title: _____ Building(s): _____

Requested Change: Change in Hours Change in Location Additional position

New/Changed Position: _____ Building(s): _____

New/Changed Position Information:

Permanent Temporary (dates: _____) Previous Incumbent: _____

Work days/year _____ 9 Months 10 Months 11 Months 12 Months

Full Time Part Time Hours/Day/Week _____ **OR** FTE _____
(Attach calendar if part time or varied work days)

Account Code(s): _____ % _____
_____ % _____
_____ % _____

EMPLOYEE STATUS CHANGE (Termination of Employment)

Employee Name: _____ Effective date: _____

Position Title: _____ Building(s): _____

Reason for Termination: (Signed Resignation letter by employee is required)

Voluntary Resignation Retirement Released (teacher) Involuntary Resignation Other _____

Supervisor Signature: _____ Date: _____

Completed forms to Human Resources