



EMPLOYEE INFO	Employee Name: _____ Soc. Sec. #: _____ <input type="checkbox"/> New position (include job description) <input type="checkbox"/> Replacement for _____
NEW <input type="checkbox"/>	<input type="checkbox"/> FT <input type="checkbox"/> Regular <input type="checkbox"/> Student <input type="checkbox"/> Salary _____ <input type="checkbox"/> PT <input type="checkbox"/> Temporary <input type="checkbox"/> On Call <input type="checkbox"/> Hourly _____ Job Title: _____ <input type="checkbox"/> Stipend/Check _____ School Name: _____ Date Voted by Local Board: _____
REHIRE <input type="checkbox"/>	Assignment: Hrs/Wk: _____ Starting Date: _____ Ending Date: _____ In addition to the wages there will be other employment related expenses Comments: _____ _____
CHANGE <input type="checkbox"/>	School Name: _____ Effective Date: _____ <input type="checkbox"/> Job Title: _____ <input type="checkbox"/> Hours/Wk: _____ <input type="checkbox"/> Budget Code: _____ <input type="checkbox"/> Sal/Rate/Stp/Ck: _____ <input type="checkbox"/> Status Change: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> On call <input type="checkbox"/> Place of Work: _____ Comments: _____ _____
TERMINATION <input type="checkbox"/>	Reason: <input type="checkbox"/> Resignation (attach letter) <input type="checkbox"/> Layoff / Reduction-In Force <input type="checkbox"/> Dismissal <input type="checkbox"/> Retirement <input type="checkbox"/> Other _____ Effective Date: _____ Vacation/Paid Leave Due: _____ School Name: _____ Comments: _____ _____

_____	_____	_____	_____
Principal or Designee	Date	Office of Education	Date

TO BE COMPLETED BY EDUCATION OFFICE:

Charge to: _____

Qualifies for: Retirement/Paid Leave 50%+ LTD 75%+ Medical 100%

Workers Comp: 1/8810 9/8868 15/9101 23/5403

Processed by: _____ Date: _____