



<b>EMPLOYEE INFO</b>	Employee Name: _____ Soc. Sec. #: _____ <input type="checkbox"/> New position (include job description) <input type="checkbox"/> Replacement for _____
<b>NEW</b> <input type="checkbox"/>  <b>REHIRE</b> <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: _____ Assignment: Hrs/Wk: _____ Starting Date: _____ Ending Date: _____ In addition to the wages there will be other employment related expxenses Degree Held: _____ ECE: _____ Other: _____ Certificate: _____ ECE Units: _____ Cost of Living Area: _____ Years of Relevant Service: _____
<b>CHANGE</b> <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: _____ _____
<b>TERMINATION</b> <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: _____ _____

_____	_____	_____	_____
Director 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: \_\_\_\_\_