

EMPLOYEE STATUS CHANGE FORM

- | | |
|---|--|
| <input type="checkbox"/> New Hire | <input type="checkbox"/> Name Change (ID/DL & SS CARD REQUIRED) |
| <input type="checkbox"/> Position/Location Change | <input type="checkbox"/> Personal Information Change |
| <input type="checkbox"/> Pay Rate Change | <input type="checkbox"/> Resign/Retire/Terminate/Layoff |

EMPLOYEE NAME _____

SS# _____ BIRTHDATE _____

STREET ADDRESS _____

CITY/STATE _____ ZIP _____

TELEPHONE _____ 2nd PHONE _____

Mailing Address if different from above: _____

City/State _____ Zip _____

DATE OF HIRE _____

UNION AFFILIATION _____

SALARY EMPLOYEES *(Teachers & Administrators)*

POSITION _____ **BUILDING** _____

Office Use: CONTRACT RATE _____ *# OF DAYS* _____

STEP/DEGREE _____

DAILY RATE _____

☐ **26 PAY OPTION**

☐ **21 PAY OPTION**

HOURLY EMPLOYEES

DATE OF RATE INCREASE *(Union /Contract Anniversary Date Increase)* _____

POSITION _____

BUILDING _____

HOURLY PAY RATE _____

- ☐ *Full Time*
- ☐ *Part Time*
- ☐ *Substitute*

POSITION _____

BUILDING _____

HOURLY PAY RATE _____

- ☐ *Full Time*
- ☐ *Part Time*
- ☐ *Substitute*

- | | |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Resign | Effective Date: _____ |
| <input type="checkbox"/> Retirement | |
| <input type="checkbox"/> Layoff | Insurance Termination Date: _____ |
| <input type="checkbox"/> Termination | |

☐ **EMPLOYEE SIGNATURE** _____ **DATE** _____

☐ **PRINCIPAL/SUPERVISOR** _____ **DATE** _____