

**To be completed by Administrator/Dept. Head**

**IRECOMMEND:**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle Social Security Number

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Administrator/Dept. Head \_\_\_\_\_ Campus/Dept \_\_\_\_\_ DATE: \_\_\_\_\_

**New Employee Approved for Hire by Superintendent \_\_\_\_\_ (signature) on \_\_\_\_\_ (date)**

<p><b>EMPLOYMENT</b></p> <p>____ New Employee      ____ Campus Change</p> <p>____ Substitute      ____ Full Time</p> <p>____ Part Time      ____ Payroll Change</p> <p>Certifications: _____</p>	<p><b>VACANCY DUE TO:</b></p> <p>____ New position      ____ Transfer</p> <p>____ Resignation      ____ Retirement</p> <p>____ Leave of Absence      ____ Other</p> <p>Name of person leaving _____</p>
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Current Position: \_\_\_\_\_ Additional assignments: \_\_\_\_\_

Campus/Location: \_\_\_\_\_ Estimated Start Date: \_\_\_\_\_

**To be completed by Central Office Staff Only:** *Central Office Staff: Please initial and date when you have completed your section. Return all forms to Patty Williamson.*

HIRE DATE: \_\_\_\_\_ BASE SALARY: \_\_\_\_\_ NUMBER OF CONTRACT DAYS \_\_\_\_\_

NUMBER OF DAYS IN POSITION \_\_\_\_\_ NUMBER OF VACATION DAYS \_\_\_\_\_ NUMBER OF PERSONAL LEAVE DAYS \_\_\_\_\_

STIPEND: \_\_\_\_\_ STIPEND: \_\_\_\_\_ STIPEND: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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|---|---|
| _____ 1. Carol - HR Payroll (DL, SS, Fingerprints, Certs) | _____ 4. Cami – Eduphoria/TRM/Talent Ed                         |
| _____ 2. Patty – Financials/Benefits                      | _____ 5. Michelle – Skyward Employee Access/Personal Leave Days |
| _____ 3. Shannon – Skyward Student                        | _____ 6. Todd - Technology                                      |

\_\_\_\_\_  
Administrator/Dept. Head Date

\_\_\_\_\_  
Superintendent Date