

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>EMPLOYMENT</p> <p>____ New Employee ____ Campus Change</p> <p>____ Substitute ____ Full Time</p> <p>____ Part Time ____ Payroll Change</p> <p>Certifications: _____</p>	<p>VACANCY DUE TO:</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: _____ HOURLY RATE: _____ NUMBER OF DAYS EMPLOYED _____

NUMBER OF DAYS IN POSITION _____ NUMBER OF VACATION DAYS _____ NUMBER OF PERSONAL LEAVE DAYS _____

NUMBER OF HOURS WORKED DAILY: _____ EMAIL: _____

_____ 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