



EMPLOYEE INFO	Employee Name _____ Soc. Sec. #: _____ <input type="checkbox"/> New position (include job description) <input type="checkbox"/> Replacement for _____
NEW <input type="checkbox"/> REHIRE <input type="checkbox"/>	<input type="checkbox"/> FT <input type="checkbox"/> Regular <input type="checkbox"/> Student <input type="checkbox"/> Salary (21) _____ <input type="checkbox"/> PT <input type="checkbox"/> Temporary <input type="checkbox"/> On Call <input type="checkbox"/> Hourly (22) _____ Job Title (17) _____ <input type="checkbox"/> Stipend/Check (22) _____ School Name: _____ Date Voted by Local Board _____ Assignment: Hrs/Wk: _____ Starting Date (12) _____ Ending Date (13) _____ <p style="text-align: center;">In addition to the wages there will be other employment related expenses</p> Comments: _____ _____ _____ _____ Principal or Designee _____ Date _____ Office of Education _____ Date _____
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: _____ _____ _____ Principal or Designee _____ Date _____ Office of Education _____ Date _____
TERMINATION <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/>	Reason: <input type="checkbox"/> Resignation <input type="checkbox"/> Layoff / Reduction-In Force <input type="checkbox"/> Dismissal <input type="checkbox"/> Retirement <input type="checkbox"/> Other _____ Effective Date: _____ Vacation Due: _____ <input type="checkbox"/> Leave of Absence: _____ Beginning Date: _____ End Date: _____ School Name: _____ Comments: _____ _____ _____ Principal or Designee _____ Date _____ Office of Education _____ Date _____