

New Hire or Position Change Form

Revised: 10/16/19

COMPLETE FOR EVERY NEW HIRE OR POSITION CHANGE
 RETURN COMPLETED FORM TO HUMAN RESOURCES
ALONG WITH THE PERSONAL DATA FORM AND THE COMPLETED APPLICATION

Hiring School Name _____ Date Completed ____/____/____

New Hire _____ Position Change _____ Who are they replacing? _____

EMPLOYEE

Last Name _____ First Name _____ Middle Initial ____ Suffix ____

School Email Address _____ Home Email Address _____

POSITION AND SYSTEM INFORMATION

Job Title _____ Date of Board Approval ____/____/____

Type of Position	Contract Type	Renewable	Bargaining Unit
Regular _____	Full Year _____	Yes _____	Support Staff _____
Temporary _____	Ext Year _____	No _____	Teacher _____
Occasional _____	School Year _____		Non-Rep _____

Special Education or SLPA? Yes _____ No _____ If Para is a 1:1 position, Student ID# _____

FTE _____ Hourly rate _____ Hours/day _____ Days/week _____ Hours per week _____

Start date ____/____/____ Contract from ____/____/____ to ____/____/____ Contracted days _____

Benefits eligible? Yes _____ No _____ Time Clock Job Code _____ Time Clock Department Code _____

Estimated Placement: Years Exp _____ Column _____ Step _____ Salary _____

Licensed Position?	Has License?	Endorsement Area?	Candidate Needs?
Yes _____	Yes _____	_____	Provisional License _____
No _____	No _____	_____	Emergency License _____

Grant Funded? Yes _____ No _____ Grant Name _____

GL Acct Code: _____ % _____

GL Acct Code: _____ % _____

GL Acct Code: _____ % _____

SUPERVISOR'S SIGNATURE (Remind new hire of their responsibility to contact HR for an appt)

**** I have reviewed my budget and confirm by signing below that this position is appropriately funded****

Sign Here _____

CENTRAL OFFICE

Reviewed by: _____ TCP ID _____ Badge # _____ Employment Certificate Needed: _____

Benefits _____ Finance _____ Date Entered in System _____