



Rankin County
School District

TRADITION OF EXCELLENCE

RANKIN COUNTY SCHOOL DISTRICT AMENDMENT FORM

District Code: _____ - _____

FOR DISTRICT OFFICE USE ONLY

Section 1: Supervisor

Please Attach Any Documents for Action Request

Department: _____ Number: _____ School Year: _____

Employee Name: _____ SS#: _____

AS NAME APPEARS ON SOCIAL SECURITY CARD

Position / Title: _____

TITLE AS LISTED ON CONTRACT

Fund #: _____ Function #: _____

Indicate Reason for Amendment

Years of Experience Change: _____ Duties Change: _____

Certification Change: _____ Days Change: _____

Other Change: _____

Effective Date: _____

Section 2: District Office

187 (9 mo) 197 (9.5 mo) 207 (10 mo) Contract Date: _____

217 (10.5 mo) 227 (11 mo) 239 (12 mo) Degree / Class: _____ / _____

Actual Working Days: _____ Step / Years: _____ / _____

Salary From: \$ _____ to \$ _____

Board: _____ Payroll: _____ Insurance: _____

Signature: _____