



RANKIN COUNTY SCHOOL DISTRICT

AMENDMENT FORM

FOR DISTRICT OFFICE USE ONLY

District Code - PCN UKG #

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

Signature

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