

Regional School District No. 17

Personnel Activity Form

_____BOE _____Café ___Grants _____HK Cubs

Effective Date _____ **Replacing** _____
Action: New Hire, Resignation, Degree Change, Dock, Address Change, etc...

Social Security_____

Name: _____

Address: _____

Town: _____ State_____ Zip_____

Telephone: _____ Cell #_____

Birth Date_____

Bldg/Location: _____ Position: _____

Step/Grade _____Acct#_____

Circle one: Full Time Part Time

Annual Salary_____ Hourly Rate _____

Circle One: Non Union, Support Union, Custodian, Teacher, Admin

Authorized Signature_____ Date:_____

(Administrator taking action)

Dir. Fiscal Operations Signature _____ Date_____

Superintendent's Signature_____ Date_____

Comments:

Payroll Only:

Employee # _____

Trb Y/N 1% _____ 6%_____

403b Acknowledgement Form dated _____

Medicare Y/N Benefits Y/N

SS Y/N If No, Social Security Form # SSA-1945 dated _____

Ins Group#_____Deduction:_____

Date posted in system _____ by: _____