

Kuspuuk School District Payroll Action Form

Effective Date: _____



Check One	New Employee	_____
	Change / Transfer	_____
	Reemployment	_____
	Resignation	_____
	Termination (Involuntary)	_____
	From Probation to Permanent	_____

****Supervisor please fill out below all that apply****

Employee Name: _____

Employee SSN: _____

School / Dept: _____

Employee Position/Title: _____

Full Time: _____ Part Time: _____ Temp: _____

Probationary? Yes: _____ No: _____ Shortened: _____ Extended: _____

Current Range: _____ Step: _____ Hourly Wage / Salary: _____

New Range: _____ Step: _____ Hourly Wage / Salary: _____

Hrs per Day: _____ Hrs per week: _____ Starting Probation Date: _____

Estimated Ending Probation Date: _____ (Evaluation needed)

Termination Date: _____

Leave in Good Standing? Yes: _____ No: _____ Recommend Rehire? Yes: _____ No: _____

If no please explain: _____

Additional Comments: _____

Supervisor / Administrator Signature: _____ Date: _____

Business Manager Signature: _____ Date: _____

****Employee Please Provide The Information Below****

Gender: Male: _____ Female: _____ Date of Birth: _____

Marital Status: Married: _____ Single: _____ Widowed: _____

Spouse Name / Emergency Contact: _____

Address: _____ Phone: _____

City/State/Zip: _____ email address: _____

Employee Signature _____ Date _____

****This Section for Business Office Use Only****

Budget Code(s) _____ % _____ Job Assignment: _____

_____ % _____ Computer Entry: _____

Opt Out Payment Need to be withheld from final Paycheck: Yes _____ No _____