Payroll Status Change Form

SALT LAKE CITY SCHOOL DISTRICT
Your Best Choice

EMPLOYEE DEMOGRAPHICS

To be completed by school/department. Please provide complete and accurate information.

SSN/ID# **Last Name** **First Name** **MI**

FOR NEW HIRES/REHIRES ONLY

Street Address **City** **State** **ZIP**

Phone #1 **Phone #2** **Date of Birth**

I would like my name and address to be: ❑ **PUBLIC** (in SLCSD directory) or ❑ **PRIVATE** (not in directory)

SEX: ❑ Male ❑ Female **RACE**: ❑ American Indian/Alaskan Native ❑ Asian or Pacific Islander ❑ Black (not of Hispanic origin) ❑ Hispanic ❑ White (not Hispanic)

ACTION

To be completed by school/department. **Effective Date of Action Selected:**_____

❑ **NEW HIRE** or ❑ **REHIRE** (Complete **POSITION DATA** section BELOW)

❑ **CHANGE AN EXISTING POSITION.** Apply changes to this position: _____

❑ Change applies to all budget codes ❑ Change applies to this budget code only:_____

What has changed? ❑Rate of Pay ❑Account ❑FTE ❑Worksite ❑Other_____

Indicate specific changes in POSITION DATA section below. Comment:_____

❑ **ADD AN ASSIGNMENT** (Complete **POSITION DATA** section BELOW). Comment: _____

❑ **END OF A POSITION** only. Employee is still employed with district in another capacity.

Position that is ending:_____ Date position ends: _____

❑ **TERMINATION** of ALL employment from the district. **Last Day Worked**:_____ **Last Paid Day**:_____

Type of Termination: ❑ Quit ❑ Discharge ❑ Retirement ❑ Non-renewal ❑ Deceased ❑ Other:_____

Eligible for rehire? ❑ Yes ❑ No (If no, explain):_____

POSITION DATA

To be completed by school/department.

Type of position: ❑ Contract ❑ Non Contract ❑ Student Worker

Position Title:_____ **Hours per week**:_____ **Rate of pay**:$ _____

Work Site:_____ **Department** (if known):_____

Pay Distribution: (percentages for a single position must total 100%)

Program_____ Function_____ Budget Location_____ Object_____Percentage_____

Program_____ Function_____ Budget Location_____ Object_____Percentage_____

Program_____ Function_____ Budget Location_____ Object_____Percentage_____

AUTHORIZED ADMINISTRATOR SIGNATURE

Administrator Signature **Date**

FOR HR OFFICE USE ONLY Vacation Calc Date (date of first contract):_____

440 East 100 South, Salt Lake City, Utah 84111 | www.slcschools.org | Phone: 801.578.8340 | Fax: 801.578.8689

Non-Discrimination Statement

No district employee or student shall be subjected to discrimination in employment or any district program or activity on the basis of age, color, disability, gender, gender identity, genetic information, national origin, pregnancy, race, religion, sexual orientation, or veteran status. The district is committed to providing equal access and equal opportunity in its programs, services and employment including its policies, complaint processes, program accessibility, district facility use, accommodations and other Equal Employment Opportunity matters. The district also provides equal access to district facilities for all youth groups listed in Title 36 of the United States Code, including scouting groups. The following person has been designated to handle inquiries and complaints regarding unlawful discrimination, harassment, and retaliation: Whitney Banks, Compliance and Investigations, 440 East 100 South, Salt Lake City, Utah 84111, (801) 578-8388. You may also contact the Office for Civil Rights, Denver, CO, (303) 844-5695.