

## New Hire or Position Change Form

Revised 08/27/21

COMPLETE FOR EVERY NEW HIRE OR POSITION CHANGE  
 RETURN COMPLETED FORM TO HUMAN RESOURCES  
**ALONG WITH THE PERSONAL DATA FORM AND THE COMPLETED APPLICATION**

Hiring School Name \_\_\_\_\_ Date Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

New Hire \_\_\_\_\_ Position Change \_\_\_\_\_ Who are they replacing? \_\_\_\_\_

### EMPLOYEE

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Suffix \_\_\_\_

School Email Address \_\_\_\_\_ Home Email Address \_\_\_\_\_

### POSITION AND SYSTEM INFORMATION

Job Title \_\_\_\_\_ Date of Board Approval \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Position	Contract Type	Renewable	Bargaining Unit
Regular _____	Full Year _____	Yes _____	Support Staff _____
Temporary _____	Ext Year _____	No _____	Teacher _____
Occasional _____	School Year _____		Non-Rep _____

Special Education or SLPA? Yes \_\_\_\_\_ No \_\_\_\_\_ If Para is a 1:1 position, Student ID# \_\_\_\_\_

FTE \_\_\_\_\_ Hourly rate \_\_\_\_\_ Hours/day \_\_\_\_\_ Days/week \_\_\_\_\_ Hours per week \_\_\_\_\_

Start date \_\_\_\_/\_\_\_\_/\_\_\_\_ Contract from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Contracted days \_\_\_\_\_

Benefits eligible? Yes \_\_\_\_\_ No \_\_\_\_\_ Time Clock Job Code \_\_\_\_\_ Time Clock Department Code \_\_\_\_\_

Estimated Placement: Years Exp \_\_\_\_\_ Column \_\_\_\_\_ Step \_\_\_\_\_ Salary \_\_\_\_\_

Licensed Position?	Has License?	Endorsement Area?	Candidate Needs?
Yes _____	Yes _____	_____	Provisional License _____
No _____	No _____	_____	Emergency License _____

Grant Funded? Yes \_\_\_\_\_ No \_\_\_\_\_ Grant Name \_\_\_\_\_

GL Acct Code: \_\_\_\_\_ % \_\_\_\_\_  
 GL Acct Code: \_\_\_\_\_ % \_\_\_\_\_  
 GL Acct Code: \_\_\_\_\_ % \_\_\_\_\_

### SUPERVISOR'S SIGNATURE (Remind new hire of their responsibility to contact HR for an appt)

\*\*\*\* I have reviewed my budget and confirm by signing below that this position is appropriately funded\*\*\*\*

Sign Here \_\_\_\_\_

### CENTRAL OFFICE

Reviewed by: \_\_\_\_\_ TCP ID \_\_\_\_\_ Badge # \_\_\_\_\_ Employment Certificate Needed: \_\_\_\_\_  
 Benefits \_\_\_\_\_ Finance \_\_\_\_\_ Date Entered in System \_\_\_\_\_