Addison Central School District

Notification of Employment Transmittal Form

Complete this form for every new employee, termination, or change in employee's contract and submit to the central office immediately. Complete one form for one event per employee. Failure to submit this form may result in incorrect pay or no pay.

To: Tim Williams, Superintendent

From: _____

Today's Date: _____

School District: _____

Employee Name: _____

Address: _____

_____

Phone: _____

Email address: _____

Position: _____

Grade/Subject: _____

Replacing: _____

School Placement: _____

Employee Start Date: _____

Position Ends: _____

New Hire: Teacher	New Hire: Staff/Administrator	Change Status
FTE _____	FTE _____	FTE
Degrees Earned _____	Column/Step	Hourly Rate
Total Experience _____	Hourly Rate	Hours per Day
Column/Step _____	Hours per Day	Days per Year
Salary _____	Days per Year	Effective Date
Pro-rated _____	Salary	Termination: State Reason and effective date: _____
Acct #	Acct #	

Interviewed by _____

Date of Interview _____

Reference Check: List references contacted (minimum of 3 and attach reference notes).

1. Name/Position _____ Contact Date _____

2. Name/Position _____ Contact Date _____

3. Name/Position _____ Contact Date _____

Comments: _____

_____

Supt. Approval: _____ Date: _____

12/2015; Revised 5/2016; 7/2017 2/2019