

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: **Wendy Baker**, Superintendent From: _____
 Today's Date: _____ School _____
 Employee Name: _____ District: _____
 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: _____