GECS
Genesee Education Consultant Services

Human Resources

Request to Update

GECS HR OFFICE USE ONLY
FEE FOR SERVICE CHARGE
_____% _____ INITIAL

◆**Date:** _____

NEW RATE - OR - ADDITIONAL PAYMENT IS BEING ADDED TO CURRENT EMPLOYEE

Employee Name: _____ **School District/Department/Location:** _____

Position Title:_____ **Current Hourly Rate: $**_____

☐ Hourly Increase _____% New Hourly Rate: $_____ Effective: _____

Notes: _____

☐ Anniversary Stipend: $_____ Year #_____ Effective: _____

Notes: _____

☐ Other Stipend: $_____ Frequency: _____ Effective: _____

Notes: _____

Employee's Supervisor: _____ **Department Director:**_____ **Acct/PO#:** _____

CURRENT GECS EMPLOYEE PERMANENT CHANGE OF ASSIGNMENT

◆**Employee Name:** _____ ◆**School District/Department/Location:** _____

◆**1. Previous Position:** _____ **Previous** ◆**Hourly/Daily** (circle one) **Rate:** _____

◆**Type of Employment (*Please check ALL that apply*):** Full-Time❒ Part-Time❒ Temporary❒ Grant Funded❒
Calendar Year (12 month)❒ _____ School Year ❒ _____ | **Seasonal:** Fall ❒ Winter ❒ Spring ❒ Summer ❒

◆**2. New Position:** _____ **Job Posting #:** _____ ◆**Hourly/Daily Rate** (circle one) **:** _____
(If employee is salary, please fill out "**Salaried Employee Contract Information**" along with this form)

◆**Has the employee been notified by the district that they will be filling this position?** Yes ❒ No ❒ N/A ❒

◆**Type of Employment (*Please check ALL that apply*):** Full-Time ❒ Part-Time❒ Temporary ❒ Grant Funded ❒
Calendar Year (12 month)❒ _____ School Year ❒ _____ | **Seasonal:** Fall ❒ Winter ❒ Spring ❒ Summer ❒

No. of Days No. of Days
Scheduled Hours per day: _____ **Scheduled** Days per week: _____ ◆**Scheduled** Hours per week: _____ ◆◆**Eff. Start Date:** _____

◆**Employee eligible for** *(district will be invoiced)*: ◆***Medical coverage*** *:* Yes ❒ No ❒ ◆***Dental coverage*** *:* Yes ❒ No ❒ ◆***Vision coverage*** *:* Yes ❒ No ❒

◆***Enhanced benefits*** *(i.e. PTO, Sick, Personal, Vacation, Paid Holidays):* **Yes** (Please send detail to GECS) ❒ **No** ❒:_____

◆**Was a degree/certificate of any kind required for the employee to fill this position?** No ❒ Yes ❒ : _____

Employee's Supervisor: _____ **Department Director:** _____ **Acct/PO#:** _____

◆◆REP Information◆◆

THIS SECTION IS REQUIRED TO BE COMPLETED

Building Code: _____ **REP Assignment Code:** _____ **FTE:** _____ **Function Code:** _____

Grade or Setting (If Required): _____ **Additional REP information GECS might need:** _____

◆◆**Department Director Approval (Signature):** _____ **Date:**_____