

Phone: _____

Email: _____



Human Resources

Request to Hire (RTH)

GECS HR OFFICE USE ONLY

FEE FOR SERVICE CHARGE

_____% _____ INITIAL

♦Date: _____

♦REQUIRED FIELD

REP information is REQUIRED to provide funding for schools. Please contact your district's Human Resource Department in order to complete the REP section on this form. IF DEGREE/CERTIFICATE IS REQUIRED FOR POSITION, PLEASE HAVE EMPLOYEE SEND GECS THE INFORMATION.

NEW EMPLOYEE –OR- ADDITIONAL ASSIGNMENT IS BEING ADDED TO CURRENT EMPLOYEE

♦Please Check One:

☐ New Employee ☐ Additional Assignment for current GECS Employee ☐ Change of Assignment (Please complete bottom section)

♦Employee Name: _____ (Last, First, Middle Initial) ♦School District/Department: _____

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

♦Type of Employment (Please check ALL that apply): Full-Time ☐ Part-Time ☐ Temporary ☐ Grant Funded ☐ Substitute ☐

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): No ☐ Yes (Please send details to GECS) ☐ : _____

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

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

CURRENT GECS EMPLOYEE PERMANENT CHANGE OF ASSIGNMENT

♦Employee Name: _____ ♦School District/Department: _____

♦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 ☐

No. of Days No. of Days

♦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 ☐ Substitute ☐

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): No ☐ Yes (Please send details to GECS) ☐ : _____

♦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: _____