

# Payroll Status Change Form (PSC)

To be completed **in full** by school/department. Please provide complete and accurate information. **Please email completed form to [HR@slcschools.org](mailto:HR@slcschools.org).**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **MI** \_\_\_\_\_

## ACTION

**To be completed by school/department.** (Complete **POSITION DATA** section BELOW)

**NEW HIRE/REHIRE** If rehire, eligible for rehire?  **Effective Date of Action Selected:** \_\_\_\_\_

**ID#:** \_\_\_\_\_ (SLCSD Employee ID # for any changes to the sections BELOW)

**CHANGE AN EXISTING POSITION.** Comment: \_\_\_\_\_

Change applies to all budget codes  Change applies to this budget code only: \_\_\_\_\_

What has changed?  Rate of Pay  Account  FTE  Worksite  Other \_\_\_\_\_

**Indicate specific changes in POSITION DATA section below.** Comment: \_\_\_\_\_

**ADD AN ASSIGNMENT** (Complete **POSITION DATA** section BELOW). Comment: \_\_\_\_\_

**END OF A POSITION** only. Employee is still employed with district in another capacity.

Position that is ending: \_\_\_\_\_ Date position ends: \_\_\_\_\_

**TERMINATION** of ALL employment from the district. **Last Day Worked:** \_\_\_\_\_ **Last Paid Day:** \_\_\_\_\_

Type of Termination:  Quit  Discharge  Retirement  Non-renewal  Deceased  Other: \_\_\_\_\_

**Would you rehire this employee?**  Yes  No (If no, provide explanation): \_\_\_\_\_

## Notes:

## POSITION DATA

**To be completed by school/department.**

**Type of position:**  Contract  Non-Contract  Student Worker  Temporary Contract

**Position Title:** \_\_\_\_\_ **Hours per week:** \_\_\_\_\_ **Rate of pay:** \_\$ \_\_\_\_\_

**Work Site:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Pay Distribution:** (percentages for a single position must total 100%)

Program \_\_\_\_\_ Function \_\_\_\_\_ Budget Location \_\_\_\_\_ Object \_\_\_\_\_ Percentage \_\_\_\_\_

Program \_\_\_\_\_ Function \_\_\_\_\_ Budget Location \_\_\_\_\_ Object \_\_\_\_\_ Percentage \_\_\_\_\_

## Additional Information:

### \*AUTHORIZED ADMINISTRATOR SIGNATURE\*

**Administrator Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Incomplete forms will not be processed and returned to sender.**

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