

Personnel Only _____ Payroll Receipt _____

A. CHECK ALL THAT APPLY:

Employment:	Removal:	Change:	Change:	Change:	Unit:
<input type="checkbox"/> New	<input type="checkbox"/> Resignation	<input type="checkbox"/> Name	<input type="checkbox"/> Building location & phone	<input type="checkbox"/> Dept./Supervisor	<input type="checkbox"/> BTA
<input type="checkbox"/> Continuing	<input type="checkbox"/> Retirement	<input type="checkbox"/> Address	<input type="checkbox"/> Budget code	<input type="checkbox"/> +/- Benefits	<input type="checkbox"/> SAANYS
<input type="checkbox"/> Return from unpaid leave	<input type="checkbox"/> Termination	<input type="checkbox"/> Phone	<input type="checkbox"/> FTE	<input type="checkbox"/> Start/end date	<input type="checkbox"/> UPSEU
<input type="checkbox"/> Return from PEL	<input type="checkbox"/> Unpaid leave	<input type="checkbox"/> Title	<input type="checkbox"/> Stipend	<input type="checkbox"/> Other	<input type="checkbox"/> N/A
<input type="checkbox"/> Transfer	<input type="checkbox"/> Lay-off	<input type="checkbox"/> Program			

B. PERSONNEL DATA

Name: _____ SSN#: _____
Last First M.I.

Address: _____

Email Address: _____

Effective Date: _____ Phone Number: _____ Date of Birth: _____

Current member of retirement system: _____ yes _____ no If yes, check one: _____ TRS _____ ERS _____
Date of Membership

Retirement registration number: _____ OR declined membership: _____

Exempt from 3% contribution: _____ yes _____ no Previous member (retired) _____

Type of employment: _____ F/T - Hours worked per day: _____ 6 _____ 7 _____ 7.5 _____ 8
 _____ P/T - Hours worked per day: _____ Months per year: _____ 10 _____ 11 _____ 12

Temporary appointment: _____ yes _____ no

Position title: _____ (or)
(Non-Instructional)

Tenure area number _____ and description: _____
(Instructional)

Division/Department: _____ Building Location: _____ Phone: _____
(Instructional)

C. SALARY DATA (complete as applicable)

Annual Salary or
 Hourly Rate: (non-instructional) Step _____ \$ _____
 Base salary according
 to Step: (instructional) Step _____ \$ _____
 Certification: \$ _____
 AAS/BA/BS Degree: \$ _____
 Masters Degree: \$ _____
 Tenure: \$ _____
 Stipend: \$ _____
 Other: \$ _____
 Grad. Hrs. # _____ X \$62/hr. = \$ _____
 Undergrad. Hrs. # _____ X \$50/hr. = \$ _____
 Total Annual Salary: \$ _____
 FTE \$ _____
 Prorated Salary \$ _____

D. BUDGET DATA

Budget Code	FTE
1. _____	_____ . _____
2. _____	_____ . _____
3. _____	_____ . _____
4. _____	_____ . _____
5. _____	_____ . _____
6. _____	_____ . _____
Total FTE	_____ . _____
If Applicable: _____ <small>(Supervisor for attendance purposes)</small>	

Supervisor's Signature _____

Date _____

Human Resources _____

Date _____

District Superintendent _____

Date _____

Revised: 8/2024

White - Payroll Yellow - Personnel Pink - Health Insurance Gold - Supervisor Green - IT Photo Copies to: _____ District Superintendent _____ Attendance