◯NEW HIRE ◯POSITION CHANGE FORM

Supervisory Union & School District LAMOILLE NORTH Equity, Access, and Opportunity

Hiring School: _____ **Date Completed**: _____

Job Title: _____ **Replacing/Control Code**: _____

First/Last Name: _____ **Phone Number**: _____

Personal Email: _____ **Anticipated Start Date**: _____

Contract Year Type: Choose One: **Contract Type**: Choose One:

FTE: _____ **Hours Per Day**: _____ **Days Per Week**: _____ **Number of Contracted Days**: _____

Days (If less than 1.0 FTE): M☐ T☐ W☐ TH☐ F☐ **TCP Job Code**: _____ **TCP Dept Code**: _____

Student ID (If Applicable): _____ Grant Funded: Choose: Grant Name: _____

GL Acct Code: _____ %_____

GL Acct Code: _____ %_____

GL Acct Code: _____ %_____

Authorizing Signature: _____ **Date**: _____

Central Office Use Only

Date of Board Approval: _____ **Hire Date**: _____ **Seniority Date**: _____

License Required: Choose: **License**: Choose One: **Para/BI Assessment Required**: Choose:

Endorsement: _____ **Endorsement Req'd**: _____ **Transcripts Rec'd**: _____

HR Salary/Rate Placement: Years Exp: _____ Col: _____ Step: _____ Salary/Rate: _____

Reviewed By/Date: **Benefits**: _____ **Finance**: _____ **HR**: _____

HR: Date Entered: _____ **TCP ID**: _____ **Badge #**: _____ **Youth Certificate**: Choose:

Grant Use/Strategy and Approval (If Applicable): _____

DMV Check Date: _____ **Licensing Official**: _____ **Date License Updated**: _____

This position may be funded by federal grant funds and may be terminated for non-appropriation of federal monies.