

Employee Information

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Home Phone: _____ Cell Phone / Email: _____

Job Information

Title of Position: School Assigned:

Type of Position: New Expanded Reduced Replacement:

Contract Start Date: End Date: for a total of days, including extra days

Education and Payroll Information

Bargaining Unit:

Years of Experience:

Step on the Salary Schedule:

Funding Source: _____
 Account # _____

NH Cert. #: _____
 Previous "continuing status in NH? (LEA only) _____

For LEA Positions: B B+15 B+30
 M M+15 M+30

For LSS – paraprofessional positions: indicate **NON-CERTIFIED** or **CERTIFIED**

NOTE: MUST include copy of certification to receive "certified" status

PROPOSED SALARY (FULL SCHOOL-YEAR BASIS)

Weekly Schedule:	Time Begin/end:
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

For "Pro-rated" (less than full-year hires):

Hourly Rate x Hours/Day x # of Days =

Signatures

Recommended By:	_____	Date:	_____
Director, Student Svcs:	_____	Date:	_____
Business Administrator:	_____	Date:	_____
Superintendent:	_____	Date:	_____