Hazlehurst City School District
Excellence is the Expectation
Dr. Nonya C. Thrasher, Interim Superintendent
119 Robert McDaniel Drive Hazlehurst, MS 39083
PH: 601.894.1152 | FAX: 601.894.3170 | WEB: WWW.HAZLEHURST.K12.MS.US
HUMAN RESOURCES

EMPLOYMENT STATUS | RECOMMENDATION FORM

Name: _____ **Date:** _____

Address: _____ **Telephone Number:** _____

_____ **Alternative Number:** _____

Social Security Number: _____

Effective Date: _____ Full-Time _____ Part-Time _____

If part-time, will employee work at least 20 hrs per week? Yes_____ No _____

Employee Being Replaced (new hires only): _____

Position Title and #Days of Employment: _____

Description of Change of Status: _____

Source of Funding: _____

(Program Name, Title of Grant, Account Funding Code, etc.)

APPROVED: _____ DATE: _____
(Supervisor/Principal)

_____ DATE: _____
(Fund Director/Coordinator)

SALARY ACTION

(To Be Completed by Human Resources Staff)

Certification Level: _____ **Total Years of Experience: _____** **Days of Employment: _____**
(182,187,197,220,230)

Number of Days to be Worked this fiscal Year: _____ **Prorated Rate of Pay: $_____** **Daily Rate: $_____**

Annual Rate of Pay: $_____ (Salaried Employees) **Hourly Rate: $_____ (Hourly Employees)**

_____
Human Resources Department/Date

BUDGET

(To Be Completed By Business Manager)

No. of Installments: _____ **Amount of Each Installment: _____** **Date of First Payment: _____**

Remaining Salary/Budget: $ _____ **Hourly Rate: $ _____** **Grade/Step: _____**

_____ _____
Payroll Department/Date **Sherry Terry, Business Manager/Date**

_____
Dr. Nonya C. Thrasher, Interim Superintendent/Date

For Payroll Use Only:	
Entered By/Date:	**Verified By/Date:**