

Miscellaneous (Adult) Hire / Change Form

(Including Paraprofessional Coach/Advisors & Certified Hourly Teachers)

New Hire* Transfer Assignment Change Code Change Only Other _____

(*New Hires must come to H.R. to complete paperwork BEFORE they begin working!)

1) School/Department: _____ 8) Beginning Hire / Effective Change Date: _____
 2) Employee Legal Name: _____ 9) Charge Account: _____
 (as on Social Security Card)

3) Social Security Number: _____

4) Address: _____

5) City, State: _____ Zip: _____

6) Phone Number: _____

7) Retired from URS? Yes No From JSD? Yes No

Fund	Type	Location	Program	Function	Object	FTE	Amount
	E						
	E						
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10) Feeder: Bingham Copper Hills Herriman Riverton West Jordan

Signatures:

Approval:

 Employee Date

 Principal / Director Date

I certify this employee is not related to another employee within my school/department with the exception of sweepers and coaches in accordance with DP307 – Classified / DP303 – Licensed.

 Area Admin of Schools / Program Administrator Date

 Human Resources Administrator Date

To Be Completed by School:

New Hire / New Assignment: (Complete the following)

Number of Hours:
 _____ # hrs/ day _____ # hrs/week

Position: (Check position listed below, **and write in the specific job**)

Custodial Serv.: Sweeper Ala Carte Substitute Adult Night Supervisor

Schools: Assistant: _____ Score Keeper/Ticket Taker
 Coach/Advisor: _____ Sub Nutrition Worker
 Certified Hourly Teacher Event Assistant
(must also submit a Certified Hourly Teaching Authorization)
 Band/Orchestra Teacher In-Service – Consulting Educator

Maintenance: Summer Maint. _____
 Other: _____

Miscellaneous: Alarm Responder Sub Bus Driver Sub Bus Attendant
 Other: _____

Transfer: If employee is transferring into your school, also complete this section:
 School transferred from _____
 Assignment _____
 _____ # hrs/ day _____ # hrs/week

Assignment Change: If employee is changing assignments, also complete this section:
 Assignment is being changed from: _____
 _____ # hrs/ day _____ # hrs/week

For Human Resource Use

Schedule _____ Lane _____ Step _____

Hourly Rate: \$ _____ Job Code: _____

Hours per day _____ Hours per week _____

Days Remaining: _____

Salary

Lane/Step	FTE	Hourly Rate
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment to begin: _____

Payment to end: _____

(Return this form to the Department of Human Resources. After the form has been processed, the Department of Human Resources will return a copy to the school. Please keep records of submitted and returned copies. The returned, signed copy is your proof that this form has been submitted to the Department of Human Resources.)