## Windham Southeast Supervisory Union PAYROLL CHANGE NOTICE

| TC            | D: WSESU Business  | Office FRO   | )M:            |                                |  |
|---------------|--|--|----------------|--------------------------------|--|
| RE            | E: Employee Name: Position:  |  |                |                                |  |
|               | School/Departmer   | (Note: If 1:1 para, please indicate child's initials and DOB.) t/Program: h Employee Will Be Paid: (Note: If 1:1 para, district will be child's town of residence) |                |                                |  |
| Date of Hire: |  | Start Date:  |                | Date of Change:                |  |
| Re            | eason for Change (CHEC   | K ONE OR MORE  | Ξ)             |                                |  |
|               | Hired—will replace:<br>Re-Hired—will replace:<br>One-Year Position |  |                | □ Licer                        | ressional LICENSING DATA   |
|               | Resigned—effective date: Layoff—effective date:                    |  |                | □ HQT                          | in Vermont for assignment.   |
|               | Discharge—effective date Leave of Absence                          | Begins:  |                | Endo                           | nsed in another state:<br>prsement:<br>cense application in process.             |
|               | Address/Telephone Chan New Address/Telepho                         | Paid/Unpaid: _<br>ige:   |                | Provi<br>Requ                  | isional or Emergency License   |
|               | Hourly Rate: Hours Per Day:  | ETE:   |                | apply<br>□ Not li              | y for VT license.  icensed in any state. Provisional or rgency License Required. |
|               |  |  |                |                                | erintendent's Office notified that a isional or Emergency License is ired.       |
|               | cplanation/Notes/Special Pr  | -  | act:           |                                |  |
| Ch            | nange requested by:  | (signature of  | f administrato | r)                             |  |
| =<br>Fu       | unding Source:   | For Business   |                | •                              |  |
| Ac<br>Ch      | ccount Number:<br>nanges Processed by:<br>nanges made to:          |  |                | <u> </u>                       | :  |
| JI            | Personnel [     Life Insuran                                       |  | 0              | Health Insura<br>Dental Insura |  |
| Ch            | nange approved by:   |  |                |                                | Date:  |