

Payroll Status Change Form

EMPLOYEE DEMOGRAPHICS

To be completed by school/department. Please provide complete and accurate information.

SSN/ ID#	Last Name	First Name	MI
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FOR NEW HIRES/ REHIRES ONLY

Street Address	City	State	ZIP
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Phone # 1	Phone # 2	Date of Birth
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I would like my name and address to be: **PUBLIC** (in the district directory) or **PRIVATE** (not in directory)

SEX: Male Female **RACE:** American Indian/Alaskan Native Black (not of Hispanic origin) White (not Hispanic) Asian or Pacific Islander Hispanic

ACTION

To be completed by school/ department. **Effective Date of Action Selected:** _____

NEW HIRE or **REHIRE** (Complete **POSITION DATA** section BELOW)

CHANGE AN EXISTING POSITION. Apply changes to this position: _____

Change applies to all budget codes Change applies to this budget code only: _____

What has changed? Rate of Pay Account FTE Worksite Other _____

Indicate specific changes in POSITION DATA section below. Comment: _____

ADD AN ASSIGNMENT (Complete **POSITION DATA** section BELOW). Comment: _____

END OF A POSITION only. Employee is still employed with district in another capacity.

Position that is ending: _____ Date position ends: _____

TERMINATION of ALL employment from the district. **Last Day Worked:** _____ **Last Paid Day:** _____

Type of Termination: Quit Discharge Retirement Non-renewal Deceased Other: _____

Eligible for rehire? Yes No (If no, explain): _____

POSITION DATA

To be completed by school/ department.

Type of position: Contract Non Contract Student Worker

Position Title: _____ **Hours per week:** _____ **Rate of pay:** \$ _____

Work Site: _____ **Department** (if known): _____

Pay Distribution: (percentages for a single position must total 100%)

Program _____	Function _____	Budget Location _____	Object _____	Percentage _____
Program _____	Function _____	Budget Location _____	Object _____	Percentage _____
Program _____	Function _____	Budget Location _____	Object _____	Percentage _____

** AUTHORIZED ADMINISTRATOR SIGNATURE* *

Administrator Signature	Date

FOR HR OFFICE USE ONLY **Vacation Calc Date (date of first contract):** _____

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