	se City Area Scho		RCS SES SMS OHHS
Employee: Ne	ew / Change / Exi	it Form	
imployee Name (legal name per District Records - no nicknames)		Employee Number	
First	Middle	Last	
New or Corrected Name (* See Note below)			Effective Date
First	Middle	Last	
<u>Previous</u> Information		Description	<u>Changed To</u>
		Title	
		Building	
		Department	
		Grade Level	
		Supervisor	
		Hours Per Week	
		Status (Full or Part-Time)	
		Salary/Wage	
		Funds Used (Regular, Title, At Risk, or ?)	
		Vacation or Sick Time Carryover	
		Personal Time Carryover	
		Date of Hire:	
		Date of Termination:	
		Physical Address Change	
		City & Zip Code	
		Have a PO Box? Must supply:	
		Phone Number Change	
		Emergency Contact Information	
Name:		Address:	
Relationship:			
Home Phone#:		Cell Phone#:	Work Phone#:
		Reason for Change	
Promotion		Layoff	Update
Relocation		Resignation	Retirement
Termination		Replacement for (employee name, not positi	on):
Ex	citing Information (Re	places Exit Interview)	Will IRS (W-2) to be sent to a different address
	n/retirement turned into	•	than we have on record? Yes No
Equipment inventory list turned in? Yes			(Please list address above)
3. All keys issued by	•	Yes No N/A	(1 10000 1.50 0.00 0.50 0.50 70)
*Namo Chango Noto: N	O changes can be made	Approvals until Payroll receives a new Social Security care	A CO Court Descriptor de descri
_	_		d. SS Card Received; date:
will be established, and the	ne existing email account v	will also remain available for 30 days. During the	30 days, I understand I may access the existing
account to archive inform Employee	nation I need. After 30 day	s the existing account will close and only my nev Administrator	vly established email account will remain. Superintendent
ширюуее		Administrator	Зареннениени
Date Signed:		Date Signed:	Date Signed:
Date Olgricu.			Date Oignot.
Account#		Central Office Use Only Account#	Account#
Date:	by	Date: by	Date: by
Revised 01-21-2019	1 ·		· · · · · · · · · · · · · · · · · · ·