

# Sunflower County Consolidated School District

"United For Excellence"

## EMPLOYMENT STATUS FORM A

New Hire / Change of Status

PLEASE TYPE

Name: \_\_\_\_\_ Employment Action: New Hire: \_\_\_\_\_

Address: \_\_\_\_\_ Change of Status: \_\_\_\_\_

Telephone 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: \_\_\_\_\_

(Supervisor/Principal)

Date: \_\_\_\_\_

\_\_\_\_\_

(Fund Director/Coordinator)

Date: \_\_\_\_\_

\_\_\_\_\_

(Superintendent)

Date: \_\_\_\_\_

### SALARY ACTION

(To Be Completed by Central Office Staff)

#### New Employment/ Change of Status:

Certification Level: \_\_\_\_\_ Total Years Experience: \_\_\_\_\_ Days of Employment: \_\_\_\_\_

(180, 185, 187, 200, 204, 210, 234, 244)

Number of Days to be Worked this Fiscal Year: \_\_\_\_\_

Annual/Prorated Rate of Pay: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ # of Installments: \_\_\_\_\_

(Salaried employees)

(Hourly Employees)

Amount of Each Installment: \_\_\_\_\_ Date of First Payment: \_\_\_\_\_

### BUDGET

(To Be Completed by Business Manager)

Current Year Salary/Budget: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_ Grade/Step: \_\_\_\_\_

Payroll Bookkeeper / Date

Business Manager / Date

HR Bookkeeper / Date

For Payroll Use Only:

Entered By/Date:

Verified By /Date: