

**SUNFLOWER COUNTY CONSOLIDATED SCHOOL DISTRICT  
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:** \_\_\_\_\_

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**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:** \_\_\_\_\_

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**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: