# EMPLOYEE STATUS FORM

☐ New Hire ☐ Change of Assignment ☐ Name/Address Change ☐ Leave of Absence ☐ Termination

## SECTION A - GENERAL INFORMATION (SHADED AREAS TO BE COMPLETED BY NEW EMPLOYEES)

S.S. Number (New Hire Only) EID Last Name First Name M.I. Former

Address (Residence) City State Zip + 4 Phone Number

Address (Mailing) City State Zip + 4 Staff Directory

DEM: S _____ R _____ D.O.B. _____ Marital Status _____ HDCP _____ Veteran _____ Citizenship _____

EXP: (Years) Teaching: _____ Non Instructional _____ Admin. _____ Vacation _____

| Original Hire Date | Prob/Tenure Date | Code | Employment Date | Seniority Date |
|---|---|---|---|---|
| | | | | |

*(Above fields are used for permanent employees only)*

| Emergency Contact Person | Phone | Spouse Social Security Number |
|---|---|---|
| | | |

CERTIFICATION: Cert Number _____ Educ Level _____ Type _____ Issued _____ Yrs. Valid _____

Cert Expiration _____

Certificated Assignment _____ PSD Assignment _____ Withdrawal Code _____

Area _____ Issued _____ Area _____ Issued _____

Area _____ Issued _____ Area _____ Issued _____ PPID _____

## SECTION B - THIS SECTION SHOULD BE COMPLETED BY DIRECTOR, PRINCIPAL, OR SUPERVISOR AND FORWARDED TO THE HUMAN RESOURCES OFFICE

**TERMINATION:**

Reason _____ Last Day Worked _____ Last Day Paid _____ Eff. Date _____

**LEAVE OF ABSENCE/RETURN FROM LEAVE OF ABSENCE**

Type _____ Last Day Worked _____ Last Day Paid _____ Eff. Date _____

Expected Return Date _____ Actual Return from Leave Date _____

**CHANGE OF ASSIGNMENT:**

FR: _____

TO: _____ Eff. Date _____

## SECTION C - FOR HUMAN RESOURCES AND PAYROLL USE ONLY

ASSIGNMENT INFORMATION: Sick Days _____ Personal Days _____ Vacation _____ Vision _____

Job Number _____ Carry over _____ Tuition _____

| P | S | Position No | Center | Title | Hrs | Start | Pay Type | ASN |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |

Check Location _____ Agenda date _____

Hired To This Position _____ Bldg Date _____ Yrs _____ TP _____ Pay To This Location _____

| Salary Slot | Start Date | End Date | Hours/Day | Annual | Hourly Rate |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

## CHECKLIST

| | | | |
|---|---|---|---|
| ☐ W-4 to Payroll | ☐ Probation Tickler Card | ☐ I-9 Form | ☐ Retirement-Enrollment |
| ☐ Board Letter to Employee | ☐ Board Agenda and Record | ☐ Probation Memo/Waiver | ☐ Update Data Base |
| ☐ Physical/TB Card | ☐ Benefit Packet | ☐ Act 34 Compliance | ☐ Kardex-Pro/Class/Sub |
| ☐ Benefit Specialist Copy | ☐ Workers' Compensation | ☐ PA Child Abuse Clearance | ☐ References |
| ☐ Application | ☐ Waiver | ☐ Photo ID | ☐ Contract Book |
| ☐ AESOP | ☐ Crisis Book (Ask) | ☐ Tax Shelter (Perm.) | ☐ Staff Directory Author. Form |
| ☐ FBI Check | ☐ Direct Deposit | ☐ Falls Tax | ☐ 409A Election |

| Principal/Supervisor | Director | Human Resources Director |
|---|---|---|
| | | |

(rev. 6/12) DISTRIBUTION: White - Human Resources • Yellow - Payroll • Pink - Initiator