

## EMPLOYMENT CHANGE/NEW HIRE FORM

**ROUTING:** BUSINESS ADMINISTRATOR \_\_\_\_\_ Initial receipt & forward to:  
**SUPERINTENDENT**

**FROM:** \_\_\_\_\_  
(Building Administrator)

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

**RE:** Notice of New Hire/Reclassification/Termination

---

Name: \_\_\_\_\_

☐ New Hire ☐ Reclassification ☐ Termination Effective Date: \_\_\_\_\_

Position: \_\_\_\_\_

(Teaching positions must include subject and grade)

Name of Person Being Replaced: \_\_\_\_\_; or New Position \_\_\_\_\_  
(check)

Account # / Name of Grant: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Hourly/Salary Rate: \_\_\_\_\_ Step Placement: \_\_\_\_\_

Hours Worked/Day \_\_\_\_\_ Days/Week \_\_\_\_\_ School Days/Year \_\_\_\_\_ Category \_\_\_\_\_

Workshop Days/Year: \_\_\_\_\_

(please list dates)

References Checked? Yes \_\_\_\_\_ No \_\_\_\_\_ By Whom? \_\_\_\_\_

Criminal Records Check Completed? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Initiated: \_\_\_\_\_

Fingerprinting Completed? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Initiated: \_\_\_\_\_

School Board Nomination Date: \_\_\_\_\_ Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pre-employment physicals are required of all new employees, unless documentation of physical capability can be verified by candidate's physician, based upon a physical examination which took place not more than six months prior to date of hire.

Criminal records check/fingerprinting must be completed for all new employees and employees who have been separated from the District for six months or more (not required for coaches who were employed in the previous school year.)

**Attachments:** Original Application  
Resume (if applicable)  
Transcripts (if applicable)

White: Personnel File  
Yellow: Payroll