

**EMPLOYEE STATUS/PERSONNEL ENROLLMENT** New Hire\_\_\_\_ Change\_\_\_\_ Separation\_\_\_\_  
(This form is **required** to insure correct payment for employee.)

Name\_\_\_\_ Employee Number\_\_\_\_  
Building/Department\_\_\_\_ Date of Action\_\_\_\_

**New Hire Information**

Address\_\_\_\_  
\_\_\_\_ Street\_\_\_\_ City\_\_\_\_ State\_\_\_\_ Zip Code\_\_\_\_  
Telephone # (\_\_\_\_)\_\_\_\_ Date of Hire\_\_\_\_ Start Date\_\_\_\_

Status: ☐ Full-Time ☐ Part-Time ☐ Less than 4 hrs. ☐ Certificated ☐ ESP ☐ Administrative

Job Assignment\_\_\_\_ 12-month\_\_\_\_ School Year\_\_\_\_ FTE\_\_\_\_ Hours/day\_\_\_\_

**Change(s) for Current Employee**

Type	From	To	Comments
<input type="checkbox"/> Address			
<input type="checkbox"/> Building/Department			
<input type="checkbox"/> Job Assignment			
<input type="checkbox"/> FTE			
<input type="checkbox"/> Number of Hours			
<input type="checkbox"/> Other			

**Addition for Current Employee**

Type	Describe	Effective Date	Comments
<input type="checkbox"/> Job Assignment			
<input type="checkbox"/> Number of Days			
<input type="checkbox"/> Extra Activity/Coach			
<input type="checkbox"/> Number of Hours			
<input type="checkbox"/> Building/Department			
<input type="checkbox"/> Other			

**Separation** Separation Date\_\_\_\_ Last Day Worked\_\_\_\_ Last Day Paid\_\_\_\_

☐ Voluntary Separation Reason\_\_\_\_  
☐ Involuntary Separation Reason\_\_\_\_  
Letter of resignation received/forwarded \_\_\_\_ Yes \_\_\_\_ No

**Additional Comments/Information**\_\_\_\_  
\_\_\_\_

<b>Human Resources</b>	ICR	____	Step	____	
<b>Use only</b>	Date	Initials	Placement	Date	Initials
Welcome Letter 490	____	____	Added to Profile	____	____
	Date	Initials		Date	Initials

Supervisor Signature\_\_\_\_ Date\_\_\_\_

Human Resources Supervisor Signature\_\_\_\_ Date\_\_\_\_