

# LONGMEADOW PUBLIC SCHOOLS - EMPLOYEE CHANGE FORM

<input type="checkbox"/> NEW EMPLOYEE	<input type="checkbox"/> TERMINATION: Retired/Resigned/Rifed/Terminated
<input type="checkbox"/> CHANGE IN PERSONAL DATA	<input type="checkbox"/> EXPERIENCE/SCHEDULE CHANGE
<input type="checkbox"/> POSITION/STATUS CHANGE	<input type="checkbox"/> TRANSFER/ASSIGNMENT CHANGE
<input type="checkbox"/> SUPPLEMENT (Stipend, per diem, etc) CHANGE	<input type="checkbox"/> OTHER _____

COMPLETE SECTIONS FOR CHANGED INFO. ONLY **OR** ALL FOR NEW HIRE INFORMATION

## EMPLOYEE INFORMATION (To be completed by employee/originator):

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (For name changes, please submit social security card reflecting new name)

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE (optional): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## POSITION INFORMATION (To be completed by originator/supervisor):

START/TERMINATION DATE: \_\_\_\_\_

If termination, select one: \_\_\_ Personal, \_\_\_ Layoff, \_\_\_ Contract not continued/renewed, \_\_\_ District discharge, \_\_\_ Death, \_\_\_ Retirement, \_\_\_ Other employment in Education, \_\_\_ Other employment outside of Education

DEPT: \_\_\_\_\_ LOCATION: \_\_\_\_\_

UNIT: \_\_\_ -or-  Non-Bargaining FTE: \_\_\_\_\_ POSITION/TITLE: \_\_\_\_\_

## PAYROLL INFORMATION (To be completed by central office):

JOB CODE: \_\_\_\_\_ CONTRACT DAYS: \_\_\_\_\_ HOURS/DAY: \_\_\_\_\_

ORG-OBJECT: \_\_\_\_\_ - \_\_\_\_\_

PRESENT SALARY: \_\_\_\_\_ NEW SALARY: \_\_\_\_\_

PRESENT SCHEDULE/STEP: \_\_\_\_\_ NEW SCHEDULE/STEP: \_\_\_\_\_

PRESENT EXPERIENCE: \_\_\_\_\_ NEW EXPERIENCE: \_\_\_\_\_

### SUPPLEMENT/STIPEND

	WHAT	AMOUNT	ORG-OBJECT
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE			-
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE			-
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE			-

WHO TO NOTIFY WHEN ELIGIBLE TO START: \_\_\_\_\_

REMARKS

APPROVALS AND REVIEW	
Originator	Date
Superintendent	Date
Business Office	Date

CC Distribution: Superintendent's Office, Business Office, Technology Services