

Hazlehurst City School District
EMPLOYMENT STATUS | RECOMMENDATION FORM

PLEASE TYPE

Name: _____

Date: _____

Address _____

Telephone Number: _____ Alt #: (_____) _____

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: _____

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SALARY ACTION
(To Be Completed by Human Resources Staff)

New Employment/ Change of Status:

Certification Level: _____ Total Years Experience: _____ Days of Employment: _____
(182,187, 197, 220, 230)

Number of Days to be Worked this Fiscal Year: _____

Prorated Rate of Pay: \$ _____ Daily Rate: \$ _____

Annual Rate of Pay: \$ _____ Hourly Rate: _____
(Salaried employees) (Hourly Employees)

Human Resources Department / Date

BUDGET
(To Be Completed by Business Manager)

No. of Installments: _____ Amt. of Each Installment \$ _____

Date of First Payment: _____

Remaining Salary/Budget: \$ _____ Hourly Rate: _____ Grade/Step: _____

Paula Dominick, Payroll Specialist / Date

Sherry Terry, Business Manager / Date

Cloyd Garth, Jr., Superintendent / Date

For Payroll Use Only:	
Entered By/Date:	Verified By/Date: