



**Greenwood Leflore Consolidated School District
EMPLOYMENT CHANGE OF STATUS FORM B**

PLEASE TYPE

Name: _____ **Employment Action:** _____ **Change of Status:** _____

Effective Date: _____ **Full-Time** _____ **Part-Time** _____

If part-time, will employee work less than 30 hrs per week? **Yes** **No**

Old Position: _____

New Position: _____

Source of Funding: _____
(Program Name, Title of Grant, Account Funding Code, etc.)

APPROVED: _____ **Date:** _____
(Supervisor/Principal)

_____ **Date:** _____
(Fund Director/Coordinator)

**SALARY ACTION
(To Be Completed by Central Office Staff)**

New Employment/ Change of Status:

Certification Level: _____ **Total Years Experience:** _____ **Days of Employment:** _____
(180, 184, 187, 190, 207, 215, 235, 240)

Number of Days to be Worked this Fiscal Year: _____

Annual/Prorated Rate of Pay: \$ _____ **Hourly Rate:** _____ **# of Installments:** _____
(Salaried employees) (Hourly Employees)

Amount of Each Installment: \$ _____ **Date of First Payment:** _____

**BUDGET
(To Be Completed by the Business Office)**

Human Resources / Date

Business Manager / Date

SUPERINTENDENT

Approved []
Disapproved: []

Superintendent Signature / Date

FOR PAYROLL USE ONLY:

Entered By/Date:

Verified By/Date: