



**Greenwood Leflore Consolidated School District
EMPLOYMENT STATUS FORM A
New Hire**

PLEASE TYPE

Name: _____ **Employment Action:** New Hire:

Address: _____

_____ **Social Security #:** _____

Telephone Number: _____

Effective Date: _____ Full-Time Part-Time

If part-time, will employee work less than 30 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: _____ 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, 240,250)

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's Signature / Date

FOR PAYROLL USE ONLY:

Entered By/Date:	Verified By/Date:
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