



DeKalb County  
Board of Education

*Every Student Matters, Every Moment Counts*

***New Employment/Change of Employment Status Form***

Employee Name:	
Telephone #:	
Assigned School:	
Effective Date:	

- New Position
- Replacing (name): \_\_\_\_\_  
(if replacing an employee attach Resignation Form)
- Part time to Full time

\_\_\_\_\_  
Recommended by:

\_\_\_\_\_  
Principal                                  Date

***Central Office use only***

Funding Source: \_\_\_\_\_  
(Federal, GP – Line Item/Fund)

Approved by:

\_\_\_\_\_  
Supervisor of Instruction                  Date

\_\_\_\_\_  
Director of Schools                                  Date