

# 2008-2009 CERTIFIED STAFF EMPLOYMENT DATA

**POSTING INFORMATION** The SBDM Council requests that the Superintendent post the position described herein

**SCHOOL:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

**UNIT:** \_\_\_\_\_ **FUND:** \_\_\_\_\_ **KEY:** \_\_\_\_\_ **OBJECT:** \_\_\_\_\_ **PROJECT:** \_\_\_\_\_

**PROJECT TITLE:** \_\_\_\_\_

**POSTING DETAIL:** \_\_\_\_\_

**NEW POSITION:** \_\_\_\_\_ **APPROVED BY:** \_\_\_\_\_ **INITIALS OF APPROVER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Y - N (Printed Name)

**REPLACEMENT:** \_\_\_\_\_ **REPLACING:** \_\_\_\_\_ **INITIALS OF APPROVER:** \_\_\_\_\_  
Y - N (Name of Person Replacing)

Initials for Approval (4 required)

1: _____	3: _____	5: _____	SBDM	
2: _____	4: _____	6: _____	Approval Date: _____	<b>DATE POSTED</b>

**HIRING INFORMATION** After consulting with the SBDM Council in accordance with council policy the Principal requests that the Superintendent employ

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **M.:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**CERTIFICATION:** \_\_\_\_\_ **1st WORK DAY:** \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

**PAYROLL INFORMATION**

**EMP #:** \_\_\_\_\_ **ACTIVE:** \_\_\_\_\_

**CONTRACT DAYS:** \_\_\_\_\_ **RANK:** \_\_\_\_\_ **EXPERIENCE:** \_\_\_\_\_

**CONTRACT:** \_\_\_\_\_ **TENURE DATE:** \_\_\_\_\_ **SICK LEAVE DAYS:** \_\_\_\_\_  
(AS OF FIRST DAY OF SCHOOL 2008-2009)

**PAY CYCLE:** \_\_\_\_\_ **PAY TYPE:** \_\_\_\_\_ **JOB CLASS:** \_\_\_\_\_ **TENTHS:** \_\_\_\_\_ **W/C R-CODE:** \_\_\_\_\_ **P:** \_\_\_\_\_

**187 DAY SALARY:** \_\_\_\_\_ **SALARY DUE:** \_\_\_\_\_ **DAILY/DOCK RATE:** \_\_\_\_\_

**TOTAL # CHECKS:** \_\_\_\_\_ **CHECKS:** \_\_\_\_\_ **@ \$ PER CHECK:** \_\_\_\_\_ **LAST CHECK:** \_\_\_\_\_  
**C:** \_\_\_\_\_

**EXPLANATIONS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**140 DAY CONTRACT AND 70 DAYS WORKED REQUIRED FOR 1 YEAR EXPERIENCE CREDIT**

\* This document is an information sheet and not a contract. The information contained in this document can be adjusted if in error. Please notify the payroll office if any adjustments need to be made.

**FOR BUDGETING PAYROLL & BENEFITS ONLY**

**RETIREMENT %:** \_\_\_\_\_ **RETIREMENT \$:** \_\_\_\_\_

**FICA EMP. %:** \_\_\_\_\_ **FICA \$:** \_\_\_\_\_

**MEDICARE EMP. %:** \_\_\_\_\_ **MEDICARE \$:** \_\_\_\_\_

**UNEMPLOYMENT:** \_\_\_\_\_ **WKER COMP TOTAL:** \_\_\_\_\_

8868 PROF: \_\_\_\_\_ 8868: \_\_\_\_\_

9101 OTHER: \_\_\_\_\_ 9101: \_\_\_\_\_

**RET. BONUS:** \_\_\_\_\_

**FEDERAL PROGRAMS MATCHES**

**HEALTH INS:** \_\_\_\_\_

**LIFE INS.:** \_\_\_\_\_

**STATE ADMN FEE:** \_\_\_\_\_