

2008-2009

CLASSIFIED STAFF EMPLOYMENT DATA

POSTING INFORMATION

The SBDM Council requests that the Superintendent post the position described herein

SCHOOL: _____ DPT/DESC: _____
JOB CLASS: _____ (Department & Description of Duties SE/(Student Served); KG; Food Service; etc.)
(Custodian, Paraeducator, Cook/Baker, etc.)
PROJECT TITLE: _____
SCHOOL #: _____ FUND: _____ KEY: _____ OBJECT: _____ PROJECT #: _____

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: _____ DATE POSTED

HIRING INFORMATION

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

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____
SSN: _____ ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ DOB: _____
PHONE: _____ 1st WORK DAY: _____
Principal: _____ Date: _____
(Signature)

PAYROLL INFORMATION

EMP #: _____ ACTIVE: _____ NCLB (Y-N): _____
CONTRACT DAYS: _____ YEARS EXP: _____ SICK DAYS: _____
PAY CYCLE: _____ PAY TYPE: _____ JOB CLASS CODE: _____
WAGE/HR.: _____ HRS./DAY: _____ DAILY RATE: _____ MAX. YEARLY PAY: _____
TOTAL # CHECKS: _____ #: _____ CHECKS @: _____ LAST CHECK: _____
C: _____
COMMENTS: _____

140 DAY CONTRACT AND 70 DAYS WORKED REQUIRED FOR 1 YEAR OF 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 adjustment need to be made.

FOR BUDGETING PAYROLL & BENEFITS ONLY

FULL CONT. DAYS: _____ UNEMP: _____ FEDERAL PROGRAM MATCHES
TENTHS: _____ HEALTH: _____
AVG POS HRS.: _____ WKRS COMP TOTAL: _____ LIFE: _____
BUDGETED SALARY: _____ 8868 PROF: _____ 8868: _____
BUDGETED FICA: _____ 7380 DRIVER: _____ 7380: _____
BUDGETED MED.: _____ 9101 OTHER: _____ 9101: _____
BUDGETED CERS: _____ STATE ADMN FEE: _____