

Payroll Data Form

EMPLOYEE INFORMATION

School: _____

Name: _____

Today's Date: _____

Check only one numbered box and fill in information (if any) in that section

1. NEW POSITION

or

2. REPLACEMENT POSITION

Effective Date: _____

Work Site: _____

Position Title: _____

Pay Rate: _____ Hourly or Salary? (Circle One)

Account Code(s) to Charge: _____

Position Description (Dual assignments for all staff must be specified):

Hrs/Day or FTE

Replacing (Enter name of employee if replacement position): _____

Description (Temporary, Full-Time, Part-Time): _____ Expiration Date: _____

Number of Hours/Work Week: _____

2. CHANGE OF STATUS

Effective Date: _____

New Work Site: _____

From (Past Position): _____

To (Current Position): _____

New Pay Rate: _____ Hourly or Salary? (Circle One)

New Account Code(s) to Charge: _____

Position Description (Dual assignments for all staff must be specified):

Hrs/Day or FTE

Replacing (Enter name of employee if replacement position): _____

Description (Temporary, Full-Time, Part-Time): _____ Expiration Date: _____

Number of Hours/Work Week: _____

3. LEAVE OF ABSENCE

Reason for Leave: _____

Effective Date: _____ Anticipated Date of Return: _____

4. RESIGNATION

Last day of work _____

5. TERMINATION

Reason for termination _____

6. RETIREMENT

Director's Signature: _____ Date: _____