

Date Submitted:	Employee #:	
Name of Applicant/Employee:	Expected Start Date:	
Position:		
Building(s):		
<ul> <li>New Hire (Has never worked for FHPS before) *</li> <li>Re-Hire (Has worked for FHPS before)*</li> <li>Transfer( Moving from one position to another)*</li> <li>Retirement Date:</li></ul>	<ul> <li>Adding Additional Assignment*</li> <li>Substitute*</li> <li>Resignation/Termination*</li> <li>End of Probation</li> </ul>	
*Please fill below Transfer From:	То:	
Assignment:	Effective Date:	
	to Days per week:  M  T  W  Th  F Amount:  \$Budget Unit:	
2	Effective Date:	
Hours Per Day: Hours per week	to Days per week: 🗆 M 🗆 T 🗆 W 🗆 Th 🗆 F 🗆	Sat 🗆 Sun
	Amount: <u>\$</u> Budget Unit:	
	mployee Signature:	
Comments:		
HR Office Use Only: NCLB Certification Required:  Yes No [only required for instructional aides] Degree Change: Effective Date:		
	To: Grade: Step: Amount: \$	
Supervisor Signature Date	Assistant Superintendent of Finance	 Date
Assistant Superintendent of Human Resources Date	Director of Finance	Date
Assistant Superintendent of Instruction Date	Superintendent	Date

Yellow/Human Resources Pink/ Benefits White/Payroll Gold/Department Blue/Technology