Payroll Status Change Form

SALT LAKE CITY SCHOOL DISTRICT
Your Best Choice

EMPLOYEE DEMOGRAPHICS

To be completed by school/department. Please provide complete and accurate information.

SSN/ID# **Last Name** **First Name** **MI**

FOR NEW HIRES/REHIRES ONLY

Street Address **City** **State** **ZIP**

Phone #1 **Phone #2** **Date of Birth**

I would like my name and address to be: ☐ **PUBLIC** (in the district directory) or ☐ **PRIVATE** (not in directory)

SEX: ☐ Male ☐ Female

RACE: ☐ American Indian/Alaskan Native ☐ Asian or Pacific Islander ☐ Black (not of Hispanic origin) ☐ Hispanic ☐ White (not Hispanic)

ACTION

To be completed by school/department. **Effective Date of Action Selected:**_____

☐ **NEW HIRE** or ☐ **REHIRE** (Complete **POSITION DATA** section BELOW)

☐ **CHANGE AN EXISTING POSITION.** Apply changes to this position: _____

☐ Change applies to all budget codes ☐ Change applies to this budget code only:_____

What has changed? ☐ Rate of Pay ☐ Account ☐ FTE ☐ Worksite ☐ Other_____

Indicate specific changes in POSITION DATA section below. Comment:_____

☐ **ADD AN ASSIGNMENT** (Complete **POSITION DATA** section BELOW). Comment:_____

☐ **END OF A POSITION** only. Employee is still employed with district in another capacity.

Position that is ending:_____ Date position ends:_____

☐ **TERMINATION** of ALL employment from the district. **Last Day Worked:**_____ **Last Paid Day:**_____

Type of Termination: ☐ Quit ☐ Discharge ☐ Retirement ☐ Non-renewal ☐ Deceased ☐ Other:_____

Eligible for rehire? ☐ Yes ☐ No (If no, explain):_____

POSITION DATA

To be completed by school/department.

Type of position: ☐ Contract ☐ Non Contract ☐ Student Worker

Position Title:_____ **Hours per week**:_____ **Rate of pay**: $_____

Work Site:_____ **Department** (if known):_____

Pay Distribution: (percentages for a single position must total 100%)

Program_____ Function_____ Budget Location_____ Object_____Percentage_____

Program_____ Function_____ Budget Location_____ Object_____Percentage_____

Program_____ Function_____ Budget Location_____ Object_____Percentage_____

AUTHORIZED ADMINISTRATOR SIGNATURE

Administrator Signature **Date**

FOR HR OFFICE USE ONLY

Vacation Calc Date (date of first contract):_____

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