

Employment Needs Form

If you are completing the Employment Needs Form, complete the first 5 fields, then check the items required for the employee. If there are needs, a specific date is required.

If you are receiving the Employment Needs Form to fulfill the requirements below, please contact the supervisor directly with any questions regarding specific needs for the employee.

Employee Name/Title: _____ (Legal Name: First Name, Middle Initial and Last Name)

Budget Code: _____

Supervisor: _____

Program Name: _____ Building/Location: _____

Program Phone: _____

NO NEEDS REQUIRED:

The following employment needs are required effective _____

(Specific date required)

Employment Needs:

Building Access

Cell Phone (Must submit "*Cellular Phone Request*" to Facilities).

Computer Set Up

Gmail

Obtain NYS Education Dept. clearance for employment (*Fingerprint clearance*)

ID Badge: ___ ACCESS ID (special order) ___ BASIC ID (identification purposes)

Keys: Campus _____ Room# _____ or Type: Grand___ Interior___ Master___

My Learning Plan (*note - email required for MLP account)

Schooltool (Student Information Systems)

Indicate the type of account that should be created:

Principal

Secretary

Counselor

Director

Social Worker/Psychologist

Nurse

Related Services

Teacher

Sub Service– (Must include *Sub-Service Registration* form with hire packet)

Telephone

WinCap (not WinCapWeb)