

Mr. Ms. Dr.

▲ Name _____ ▲ Social Security # _____ ▲ Retirement # (if current member) _____

▲ Street Address/City/State/Zip _____ ▲ Phone # (include area code) _____

▲ Work Location _____ ▲ Division _____ ▲ Virtual Beds Location _____

◆ Work Year: 10 Month 10 Mos.+20 days 12 Month Substitute PT/Hourly _____ Hrs/Week

◆ Work Year Calendar: Office Teacher ◆%FTE: _____ (for less than 100% attach PT employee work schedule)

◆ Workday: 7.25 (Teacher) 8.00 (Office) ◆ Personal Email Address: _____ (Required)

◆ Budget Code(s): _____ % ◆ Birthdate: _____ %

◆ New Position: _____ OR Replacement For: _____
(Date the new position was approved by the Board)

Tenure Area: _____ Vacancy #: _____

Rate of Pay: \$ _____ Salary Type: Salary Hourly Per Diem

Start Date: _____ End Date: _____

Type of Appointment: Probationary Term Regular Substitute (term of 5 months or more)
Per Diem Substitute Part-Time

Certification/License: _____

REQUIRED ATTACHMENTS

1) Full OLAS Application with signature 2) Employment Needs Form	3) Salary Calculation with transcripts 4) Letters of reference
---	---

Recommended by: _____ Date _____
Supervisor

Approved by: _____ Date _____
Program Administrator/Director Assistant Superintendent/CTO

Approved by: _____ Date _____
Deputy Superintendent

Reviewed by: _____ Date _____ <small>HR Director/ School Attorney</small>	For Personnel Use <input type="checkbox"/> Emp Rec <input type="checkbox"/> Signed App <input type="checkbox"/> Salary Calc <input type="checkbox"/> CS Application <input type="checkbox"/> Emp Needs <input type="checkbox"/> Retirement Options <input type="checkbox"/> OATH <input type="checkbox"/> Reference Letter <input type="checkbox"/> I-9	<input type="checkbox"/> Fingerprint <input type="checkbox"/> Agenda <input type="checkbox"/> New Employee <input type="checkbox"/> WinCap <input type="checkbox"/> Email <input type="checkbox"/> Teach ID
Fringe benefit category: _____ Date of Board Action: _____		

c:Payroll
Rev 05/03/2024