INSTRUCTIONAL EMPLOYEE COVER SHEET

USE LEGAL NAME AS PRINTED ON SOCIAL SECURITY CARD

FULL EMPLOYEE NAME _____ EMPLOYEE ID _____

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____ SUFFIX _____

SEX/RACE _____ BIRTH DATE _____ PHONE NUMBER _____ POSITION _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ FULL SOCIAL SECURITY # _____

RECOMMENDED BEGIN WORK DATE _____

SCHOOL/DEPT NUMBER _____ SCHOOL/DEPT NAME _____

INSTRUCTIONAL   APPOINTMENT   REAPPOINTMENT   NEW EMPLOYEE   NON-CERTIFICATED INSTRUCTIONAL   ADULT ED

SUPPORT   CURRENTLY EMP. AS/AT _____   FORMERLY EMP. AS/AT _____

HRS/DAY _____ HRLY RATE _____ NEW ALLOCATION: DATE APPROVED _____ UNIT ALLOCATION _____

IF SHORT-TERM CONTRACT, END DATE _____ IF TEMPORARY, END DATE _____ AD ED, ALLOCATED HRS _____

REPLACEMENT FOR _____ RESIGNED   TRANS   TERM   RETIRED   EFFECTIVE DATE _____

ON LEAVE FROM _____ TO _____

JOB TITLE _____

COURSE CODE NAME/NUMBER _____

POSITION # _____ #CLASSES (CERT) _____ HOURS _____ FUND _____ FUNC _____ PROJECT # _____ EX ED LEVEL _____

COURSE CODE NAME/NUMBER _____

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POSITION # _____ #CLASSES (CERT) _____ HOURS _____ FUND _____ FUNC _____ PROJECT # _____ EX ED LEVEL _____

COURSE CODE NAME/NUMBER _____

POSITION # _____ #CLASSES (CERT) _____ HOURS _____ FUND _____ FUNC _____ PROJECT # _____ EX ED LEVEL _____

RETURNING FROM EXTENDED LEAVE   YES   NO   RETURNING FROM LEAVE ON ANNUAL CONTRACT

PORTION OF THE DAY IN-FIELD _____ %   OUT-OF-FIELD _____ %   RETURNING FROM LEAVE ON CONTINUING PROF. SERVICE CONTRACT

JUSTIFICATION FOR EMPLOYING ALL OR ANY PORTION OF THE DATE OUT-OF-FIELD _____

ALL FORMS MUST BE WET SIGNED AND DATED