

# Sandwich Public Schools EMPLOYEE CHANGE IN STATUS FORM



**Today's Date:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Currently fulfilling the position of:** \_\_\_\_\_

For Office Use Only	
Emp. No.	
Dept.	
Town Hall	
AESOP	
Hlth. Care Elig.	
Payroll	
Bi-weekly	
Hourly	
Pays	

**HAS ACCEPTED THE POSITION OF:** \_\_\_\_\_ **Replacement for:** \_\_\_\_\_

School: \_\_\_\_\_  Full time  Part-time  Permanent  Special Education

Effective Date : \_\_\_\_\_

## LEAVE OF ABSENCE REASON

From: \_\_\_\_\_ To: \_\_\_\_\_  Paid  Unpaid

## MATERNITY/CHILD CARE LEAVE

From: \_\_\_\_\_ To: \_\_\_\_\_  Paid  Unpaid

## MET REQUIREMENTS TO MOVE ON THE SALARY SCHEDULE

Effective Date: \_\_\_\_\_ The new adjusted rate of compensation is \_\_\_\_\_ Schedule: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Routing Order (check off your box):  Administrator  Dir. of PS  HR  Superintendent  Payroll  Town Hall