

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
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Recommended by: \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Program Administrator/Director Assistant Superintendent/CTO

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Deputy Superintendent

Reviewed by: _____ <small>HR Director/ School Attorney</small>	Date _____	For Personnel Use	<input type="checkbox"/> Emp Rec <input type="checkbox"/> Salary Calc <input type="checkbox"/> Emp Needs <input type="checkbox"/> OATH	<input type="checkbox"/> Signed App <input type="checkbox"/> CS Application <input type="checkbox"/> Retirement Options <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 08/24/2020