Jordan School District
Human Resources

7387 South Campus View Drive
West Jordan, UT 84084

Classified Hire / Change Form

☐ New Hire* ☐ Transfer ☐ Assignment Change ☐ Code Change Only ☐ _____

(*New Hires must come to H.R. to complete paperwork BEFORE they begin working!)

1) School/Department: _____
2) Employee Legal Name : _____
(as on Social Security Card)
3) Social Security Number: _____
4) Address: _____
5) City, State: _____ Zip: _____
6) Phone Number: _____
7) Retired from USRS? ☐ Yes ☐ No From JSD? ☐ Yes ☐ No

8) Beginning Hire / Effective Change Date: _____
9) Charge Account:

Fund	Location	Year	Program	Function	Object	FTE	Amount

10) Feeder: ☐ Bingham ☐ Copper Hills ☐ Herriman ☐ Riverton ☐ West Jordan

Signatures: ..... *Approval:*

_____ _____
Employee Date

_____ _____
Principal / Supervisor Date

_____ _____
Director / Program Administrator Date

_____ _____
Human Resources Administrator Date

For Principal / Director Use

New Hire / New Assignment: (Complete the following)

Number of Hours:
_____ # hrs/ day _____ # hrs/week

Position: (Check position listed below, and write in the specific job)

Secretary ☐ Position _____
Assistant ☐ Position _____
Custodian ☐ Position _____
Nutrition ☐ Position _____
Maint. ☐ Position _____
Trans. ☐ Position _____
Spec. Ed ☐ Position _____
Other ☐ Position _____

☐ Additional *(Additional should be marked only if additional FTE granted)*

☐ Replacement Name: _____

Reason for Replacement _____
(If reason is RESIGNATION from JSD, a letter of resignation MUST BE ATTACHED before this sheet will be processed.)

Transfer: If employee is transferring into your school, also complete this section:
School transferred from _____
Assignment _____
_____ # hrs/ day _____ # hrs/week

Assignment Change: If employee is changing assignments, also complete this section:
Assignment is being changed from: I _____
_____ # hrs/ day _____ # hrs/week

For Human Resource Use

Schedule _____ Lane _____ Step _____

Hourly Rate: $_____ Job Code: _____

Hours per day _____ Hours per week _____

Total Number Days:
☐ 180 ☐ 184 ☐ 206 ☐ 228
☐ 242 ☐ 245 ☐ ___ Other

Days Remaining: _____

Salary

Lane/Step	FTE	Annual Amt	Remain. Amt	Monthly Amt

Monthly Salary: _____

Payment to begin: _____

Payment to end: _____

(Return this form to the Department of Human Resources. After the form has been processed, the Department of Human Resources will return a copy to the school. Please keep records of submitted and returned copies. The returned, signed copy is your proof that this form has been submitted to the Department of Human Resources.)

☐ Original-file ☐ Copy for Payroll ☐ Copy for School (Revised 12/02/2009) 07/2009 HR-01

☐ Copy for Employee: (You can view your employment information in Skyward Employee Access at https://skyward.jordan.k12.ut.us/. If you do not know your Login/ Password please click on "Forgot Login or Password?" link at the bottom of the Login Box, and follow the prompts. Your login and password will be emailed to you.