

Classified Hire / Change Form

New Hire* Transfer Assignment Change Code Change Only Other _____

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

1) School/Department: _____ 8) Beginning Hire / Effective Change Date: _____

2) Employee Legal Name : _____
 (as on Social Security Card) 9) Charge Account: _____

3) Social Security Number: _____

4) Address: _____

5) City, State: _____ Zip: _____

6) Phone Number: _____

7) Retired from USRS? Yes No From JSD? Yes No

Fund	Location	Year	Program	Function	Object	FTE	Amount

10) Feeder: Bingham Copper Hills Herriman Riverton West Jordan

Signatures:

Approval:

Employee Date

Director / Program Administrator Date

Principal / Supervisor 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 08/2010) 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.