

Licensed Hire / Change Form

New Hire Open Contract Transfer Assignment Change Code Change Only _____

1) School/Department: _____

8) Beginning Hire / Effective Change Date: _____

2) Employee Legal Name : _____
 (as shown on Social Security Card)

9) Charge Account:

3) Social Security Number: _____

Fund	Location	Year	Program	Function	Object	FTE	Amount

4) Address: _____

5) City, State: _____ Zip: _____

6) Phone Number: _____

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

10) Feeder: Bingham Copper Hills Herriman Riverton West Jordan

Recommended:

Approved:

Principal / Immediate Supervisor _____ Date _____

Human Resources – Elementary/Secondary _____ Date _____

Director / Program Administrator _____ Date _____
 (For Charge Account Program Codes other than 0050)

Administrator, Human Resources _____ Date _____

For Principal / Director Use

New Hire / New Assignment: (Please complete the following)

1.0 FTE (Full Time) _____ .50 FTE (Half Time)
 (Other FTE, specify)

SECONDARY

1st Period _____ 5th Period _____
 2nd Period _____ 6th Period _____
 3rd Period _____ 7th Period _____
 4th Period _____ 8th Period _____

ELEMENTARY

Assignment/s (Grade Level) _____
 Track (if applicable) _____ **Job Share?** Yes No

SPECIAL ED / OTHER

Assignment: _____

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

Replacement Name: _____
 Reason for Replacement _____

Transfer: If employee is transferring into your school, also complete this section:

School transferred from _____
 Subject _____ Grade (if applicable) _____
 1.0 FTE (Full Time) _____ .50 FTE (Half Time)
 (Other FTE, specify)

Assignment Change: If employee is changing assignments, also complete this section:

Assignment is being changed from:
 Elementary: Former Grade level _____ Track: _____
 Secondary: Former Subject _____
 1.0 FTE (Full Time) _____ .50 FTE (Half Time)
 (Other FTE, specify)

For Human Resource Use

Employee Report

Salary

Lane/Step	FTE	Annual Amt	Remain. Amt	Monthly Amt

Stipends

Type	Full/Pt	Annual Amt	Monthly Amt

Total Number Days: _____ **Pays Remaining:** _____

Monthly Salary: _____

Payment to begin: _____

Payment to end: _____

Assignment Code: _____

(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

(Rev. 10/21/2010) 07/2009 HR-02

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.