

SCHUYLKILL INTERMEDIATE EMPLOYEE TRANSITION FORM

Supervisor to complete and submit to Alda Howells with supporting documents PRIOR to proposed action.

BOARD ITEM: Yes NO

Employee: _____ Step _____ Track _____ Salary /Hourly Rate \$ _____

Proposed Action: _____

<p style="text-align: center;"><u>Check Appropriate Category of Proposed Action</u></p> <p><input type="checkbox"/> *New</p> <p><input type="checkbox"/> *Reassignment</p> <p><input type="checkbox"/> *Transfer</p> <p><input type="checkbox"/> *Leave of Absence: <u> </u> LWOP <u> </u> LWP</p> <p style="padding-left: 20px;"><input type="checkbox"/> Medical <u> </u> Sabbatical</p> <p style="padding-left: 20px;"><input type="checkbox"/> Family Medical <u> </u> Other</p> <p style="padding-left: 20px;"><input type="checkbox"/> Disability _____</p> <p><input type="checkbox"/> *Return from Leave</p> <p><input type="checkbox"/> *Certification/Track Change w/Request Form</p> <p><input type="checkbox"/> *Stipend</p> <p><input type="checkbox"/> *Summer/Other Employment</p> <p style="padding-left: 20px;"><input type="checkbox"/> Academic Summer School</p> <p style="padding-left: 20px;"><input type="checkbox"/> Extended School Year</p> <p style="padding-left: 20px;"><input type="checkbox"/> Preschool Summer Programming</p> <p style="padding-left: 20px;"><input type="checkbox"/> Services During Breaks Program</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> **Separation/Termination/Resignation</p> <p><input type="checkbox"/> Other: _____</p> <p>COMMENTS:</p>	<p style="text-align: center;"><u>Enter Date According to Proposed Action</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">*Start Date</td> <td style="width: 50%; text-align: center;">Probationary End Date for Support Staff - PEND DATE</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> <tr> <td style="text-align: center;">Month/Day/Year</td> <td style="text-align: center;">Month/Day/Year</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">*End Date, if not ONGOING</td> <td style="width: 50%; text-align: center;">**Last Day Worked</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> <tr> <td style="text-align: center;">Month/Day/Year</td> <td style="text-align: center;">Month/Day/Year</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">**Exit Date</td> <td style="width: 50%; text-align: center;">**Reason for Leaving</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> <tr> <td style="text-align: center;">Month/Day/Year</td> <td></td> </tr> </table> <p># of Days of total contract _____</p> <p># of Days worked to date, prior to leaving _____</p> <p># of Days to be worked , if new or returning _____</p> <p># of Maximum Hours approved by Board _____</p>	*Start Date	Probationary End Date for Support Staff - PEND DATE			Month/Day/Year	Month/Day/Year	*End Date, if not ONGOING	**Last Day Worked			Month/Day/Year	Month/Day/Year	**Exit Date	**Reason for Leaving			Month/Day/Year	
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Month/Day/Year	Month/Day/Year																		
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Month/Day/Year																			

If NEW, Employee Demographics	Position Demographics for <i>Proposed Action</i> , if NEW or CHANGED																				
<p>Employee Name: _____</p> <p>Telephone: _____</p> <p>Cell Phone: _____</p> <p>Address: _____</p> <p>Social Security: _____</p> <p>PPID: _____</p> <p>Date of Birth: _____</p> <p>Gender: <u> </u> M <u> </u> F</p> <p>Ethnicity: <u> </u> American Indian/Alaskan Native</p> <p style="padding-left: 20px;"><u> </u> Asian/Pacific Islander</p> <p style="padding-left: 20px;"><u> </u> Black/Afr. American</p> <p style="padding-left: 20px;"><u> </u> Hispanic</p> <p style="padding-left: 20px;"><u> </u> White/Caucasian</p> <p style="padding-left: 20px;"><u> </u> Multi-racial</p> <p>Licensed Position <u> </u> Yes <u> </u> No</p> <p>Certificated Position <u> </u> Yes <u> </u> No</p>	<p style="text-align: center;"><u>Check All Appropriate Categories</u></p> <p><input type="checkbox"/> Professional Staff <u> </u> Full Time <u> </u> Substitute Teacher</p> <p><input type="checkbox"/> Act 93 Staff <u> </u> Part Time <u> </u> Substitute Aide</p> <p><input type="checkbox"/> Comp Plan Staff <u> </u> As Needed <u> </u> Substitute Support</p> <p><input type="checkbox"/> Support Staff <u> </u> Long Term <u> </u> Guest Teacher</p> <p style="padding-left: 20px;"><u> </u> Day to Day</p> <p>Other: _____ Other: _____</p> <p style="text-align: center;"><u> </u> SALARIED <u> </u> HOURLY <u> </u> DAILY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Type</th> <th style="width: 10%;">Ck. 1</th> <th style="width: 45%;">Title of Position</th> <th style="width: 30%;">Replacing Whom</th> </tr> </thead> <tbody> <tr> <td>New Position</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Existing Position</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Reassigned Position</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Transferred Position</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">Department – Ck. 1</p> <p>IU: <u> </u> Adm. <u> </u> Curr. <u> </u> Tech. <u> </u> Bus. <u> </u> LLL</p> <p>Spec Ed: <u> </u> MAC <u> </u> DLC <u> </u> Itin. <u> </u> EI <u> </u> OP <u> </u> CH <u> </u> Psych. <u> </u> SW <u> </u> Erast <u> </u> TaCs</p> <p>STC: <u> </u> North <u> </u> South <u> </u> Airport</p> <p>Worksite Location _____</p>	Type	Ck. 1	Title of Position	Replacing Whom	New Position				Existing Position				Reassigned Position				Transferred Position			
Type	Ck. 1	Title of Position	Replacing Whom																		
New Position																					
Existing Position																					
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Professional Assignment	Type of Certificate/License	Area(s) of Certification	Assignment Code	Grade Levels	HQT: Subject(s)

OFFICE USE ONLY					
Annual Salary	Daily Rate	Account Number(s)	Funded by Grant(s): List		

Suprv .Initial/Date: _____ Dir. of Finance Initial /Date: _____ Exec. Dir. Initial/Date: _____

 Payroll Entry Personnel Entry PIMS/Cert Entry Curr/Tech Dept Original Form to Personnel File (3/2009)