ONALASKA I.S.D.

Payroll New Hire Form

Campus/Dept:_____

NAME: _____ Employee ID: _____

Position to be filled: _____ New Position ☐

Replacing whom: _____

Starting Date of Employment: _____ Yrs Experience School Business: _____

Education: ☐ Master's ☐ Bachelor's ☐ Associate's ☐ Some College ☐ HS Diploma/GED

Employee Type: ☐ Administrative ☐ Professional ☐ Paraprofessional ☐ Auxiliary

Teacher Certification Type/Area(s): _____

Coaching, Dept. Head/Grade Level Chair, Sponsor, etc.: _____

Assignment Area/Subject/Grade Span: _____

Base Salary $_____ per year **$_____per day** **$_____per hour**

Stipend/Other: **Pay Grade/Step: _____ Pay Rate: _____**

_____ _____

_____ _____

_____ _____

_____ _____

Total Salary: $_____

Number of days employed per year _____ Number of State Days from Prior District _____

Budget Code: _____

Rate Change Justification: Employee step adjustment to fit in pay rate range. All new hires, transfers from job positions, or job changes must be submitted to the Superintendent of Schools for approval. If pay rate change is suggested, please justify here

_____

Signature: **Business Manager** **Date:**

Signature: **Superintendent** **Date:**