

# SAN MARINO UNIFIED SCHOOL DISTRICT PAYROLL NOTIFICATION FORM

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

Check one and proceed to the designated are: \_\_\_\_\_ Date: \_\_\_\_\_

Authorization for Employment Request

Status Change

## Authorization for Employment Request

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Replacement for: \_\_\_\_\_ Location: \_\_\_\_\_

Date services to begin: \_\_\_\_\_ End: \_\_\_\_\_

Type of employment: (Please check appropriate items)

Certificated       Classified       Temporary       Probationary       Substitute

Full Time       Part time       Percentage Part Time: \_\_\_\_\_

Basis of Pay: Hourly      Daily      Monthly      Lump Sum      Salary Rates \$ \_\_\_\_\_

Salary Schedule Placement (Class/Step): \_\_\_\_\_

## Status Change

Location Change      From: \_\_\_\_\_ To: \_\_\_\_\_

Class/Step/Salary Change      From: \_\_\_\_\_ To: \_\_\_\_\_

Termination      Date: \_\_\_\_\_ Type: \_\_\_\_\_

Last Pay Date: \_\_\_\_\_      Rehire Date: \_\_\_\_\_

Leave of Absence Dates From: \_\_\_\_\_ To: \_\_\_\_\_ Type: \_\_\_\_\_

Transfer: \_\_\_\_\_      Hours/Shift Change: \_\_\_\_\_

Temporary Reassignment      Effective Date: \_\_\_\_\_

Dock Status      From: \_\_\_\_\_ To: \_\_\_\_\_ Type: \_\_\_\_\_

Extra Duty      Assignment \_\_\_\_\_

Additional Position: \_\_\_\_\_ Date: \_\_\_\_\_

Eligible for STRS      Date: \_\_\_\_\_      Eligible for PERS      Date: \_\_\_\_\_

Account Numbers: \_\_\_\_\_

Comments: \_\_\_\_\_

Board Approval Date: \_\_\_\_\_

Approval Signature(s) and Date

DISTRIBUTION	
White:	Payroll
Canary:	Personnel
Pink:	Employee
Goldenrod:	File

1.	_____	Principal
2.	_____	Program Admin
3.	_____	Business Services
4.	_____	Human Resources
5.	_____	Accounting