

If new tchr, Passed Mega Assessment ?? _____

1st Year Teacher Needs Mentor _____

A. EMPLOYEE INFORMATION (To Be Completed by Employee)					
Employee's Name (as listed on S.S. Card – LAST, FIRST, MI)			Social Security Number		Birth Date
Residence Address (PO Box and Street)		City	State	Zip	Phone Number ()
Please Circle: Male or Female	ETHNICITY - please circle one Hispanic/Latino Non-Hispanic/Latino		RACE – please circle – you may choose more than one White Black Asian Indian/Alaskan Hawaiian/Pacific Islander		
Have you been tenured in a previous District? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the District(s) _____					
Are you a member of the Missouri Teacher/Non-Teacher Retirement System? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous District _____					
Are you a retiree of Missouri PSRS/PEERS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Indicate Year: _____ Do You Possess A Valid Teacher's Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Years of Service: SSD #200 _____ In Missouri _____ Total Of All Years _____ # Grad Hrs After Highest Degree Rec'd _____					
Indicate Highest Degree Earned (CIRCLE ONE ONLY) : NONE 60 HRS ASSOC BACC DOCT LPN MAST RN SPEC					

B. EMPLOYEE RECOMMENDATION (To Be Completed by Principal/Supervisor)					
Building	Position	Start Date	Replacing	Former Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	Attach Three References
For Transfers Only: Bldg: transfer from _____ to _____ Position: transfer from _____ to _____					
Last Employing District _____			Sexual Misconduct While Employed?		
Spoke to: _____ Date _____					
Candidate Interviewed Name _____ Date _____			Non-Select Phone Call/Letter <input type="checkbox"/> Yes <input type="checkbox"/> No		
Candidate Interviewed Name _____ Date _____			Non-Select Phone Call/Letter <input type="checkbox"/> Yes <input type="checkbox"/> No		
Principal/Supervisor Signature				Date	

C. PERSONNEL/PAYROLL INFORMATION (OFFICE USE ONLY)												
Employee Type: <input type="checkbox"/> Certified <input type="checkbox"/> Support Staff <input type="checkbox"/> Support Staff Cert. <input type="checkbox"/> Substitute <input type="checkbox"/> Extra Duty Only				Job Duties			Position Code		Core Data Class./Position Code		Tenure Yr	
Pay Schedule	Column/Category	Step	Days	Hrs	Salary Amount	Add'l Pay	Start Date	Keep Work Record Next Year <input type="checkbox"/> Yes <input type="checkbox"/> No				
Salary Type		Pay Months/# Checks		Pay Frequency		Check Gross	FTE	Contract Batch		Salary Multiplier		
Payroll Group		Department		Tax Group		Account #		%	Account #		%	
Term of Position 9 10 11 12						Retirement Reporting: Include in Annual Base Salary Summer School Not Reportable						
Retirement Full Time <input type="checkbox"/>						Retirement Certified <input type="checkbox"/>						
						Full Year Salary (this work record) \$ _____						
						Retirement Eligibility Date: _____						
Benefit Group:			Leave Group: ADMI C1 L1 L2 SUP 1			Benefit Effective Date:			TimeClock Plus <input type="checkbox"/>			

EMAIL: _____ EMPLOYEE ID: _____

CC: MOSIS ___/___/___ Payroll ___/___/___ Ins. ___/___/___

EMPLOYMENT WORKSHEET
(Office Use Only)

A. EMPLOYEE INFORMATION												
Last				First				Middle				
Job Duties/Position						Building			Date Started			
BS+ _____ MS+ _____		# Yrs Experience		1 Step for each Yr		1 Yr Credit for Initial Employment		Total Yrs Teaching Credit For Placement		Pay Schedule Placement		
# Work Days Expired Prior To Hire By Month												
July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total
SALARY												
A Hrs/Day	B # Days Full Year	C # Days Expired	D # Days Left in Contract Year (B-C)	E Salary Multiplier-Certified (D divided by B)	F Salary Schedule Amt CERT. SUPPORT	Total Salary to Pay CERTIFIED (F x E)		Total Salary to Pay SUPPORT STAFF (A x D x F)				
# Days Before Eligible for Benefits												
July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total
SICK / PERSONAL LEAVE												
Hrs/Day	A # Days Full Year	B # Days Expired	C # Days Left in Contract Year (A-B)	Sick/Personal Leave Full Amount	Divided by A = Daily Average		Multiply by C = Sick Days / Personal Days to Receive Personal: _____ Sick: _____					
VACATION												
Hrs/Day	A # Days Full Year	B # Days Expired	C # Days Left in Contract Year (A-B)	Vacation Days Full Amount	Divided by A = Daily Average		Multiply by C = Vacation Days to Receive					
HOLIDAYS (mark those that apply)												
<input type="checkbox"/> Independence Day			<input type="checkbox"/> Labor Day			<input type="checkbox"/> Thanksgiving Day			<input type="checkbox"/> Christmas Day			
<input type="checkbox"/> New Year's Day			<input type="checkbox"/> Martin Luther King Day			<input type="checkbox"/> President's Day						