

**CHARLOTTE PUBLIC SCHOOLS  
NEW EMPLOYMENT OR SERVICE RECORD CHANGE**

NAME \_\_\_\_\_

(Send this form to Human Resources)

ADDRESS \_\_\_\_\_

Employee No.: \_\_\_\_\_

TELEPHONE \_\_\_\_\_

New Employee       Rehired

DATE OF BIRTH \_\_\_\_\_

Salary Change       Assignment Change

SOCIAL SECURITY NO. \_\_\_\_\_

Change of address       Addit'l Assignment

MPSERS PLAN:  MIP Graded    MIP Fixed    Basic    MIP Plus

Name Change       Temporary

REPLACING: \_\_\_\_\_

Terminated/Resigned    Leave of Absence

Retired       Other

NEW CLASSIFICATION \_\_\_\_\_

NEW DEPARTMENT/BUILDING \_\_\_\_\_

FORMER CLASSIFICATION \_\_\_\_\_

FORMER DEPARTMENT/BUILDING \_\_\_\_\_

NEW SALARY SCHEDULE STEP \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

WEEKS/YEAR \_\_\_\_\_ DAYS/YEAR \_\_\_\_\_ HOURS/DAY \_\_\_\_\_

ANNUAL SALARY \$ \_\_\_\_\_ DAILY/HOURLY RATE OF PAY \$ \_\_\_\_\_

EXTRA DUTY PAY (Amount of %) \_\_\_\_\_ %

Pay to be spread throughout the year

Payment to be made at end of school year

INITIALS \_\_\_\_\_

INITIALS \_\_\_\_\_

LEAVE/TERMINATION REASON \_\_\_\_\_

EFFECTIVE DATE OF LEAVE/TERMINATION (Last day of work) \_\_\_\_\_

COMMENTS/EXPLANATION: \_\_\_\_\_

APPROVED \_\_\_\_\_  
Administrator/Supervisor

DATE \_\_\_\_\_

APPROVED \_\_\_\_\_  
Superintendent

DATE \_\_\_\_\_

APPROVED \_\_\_\_\_  
Human Resources Office

DATE \_\_\_\_\_

APPROVED \_\_\_\_\_  
Payroll Processing Completed

DATE \_\_\_\_\_

