SCOTLAND COUNTY SCHOOLS EMPLOYEE ACTION FORM

GORNO[GG'IP HQTO CVIQP< Employee Status: Full Time Permanent Full Time Temporary Part Time Permanent Part Time Temporary Certified Classified """Tgvktkpi """Tgvktkpi """"Tgvktkpi """"Ygto kpcygf """"Vgo r qtct { 'Rqukkqp IVgo r qtct { 'Eqpytcev'Gpf gf """" Other: _____(Reason) ""Replacing: _____ """"Principal/Supervisor J T'Signatutg Date TGHGTGPEGU: Name: _____ Position: ______ Phone #:_____ Phone #: GO RNQ[GG'VT CP UHGT < From: _____ To: _____ Replacing: □Certified □Classified J T'WUG'QPN[< Criminal Background Check completed? □Yes □No Date Completed: Drug Screening Completed? Yes No Date Received: Salary Grade: Step: Is Employee Hwn ('Egt while ? Yes No Gorm{gg'Status: Dgi kppkpi "Vgcej gt"3"aaaaa"""Dgi kppkpi "Vgcej gt"4"aaaaa"""Dgi kppkpi "Vgcej gt"5"aaaaa"" Residency 1 _____ Residency 2 _____ Residency 3 _____ Emergency Permit To Teach """""Ncuv'Hqwt "qh'UU'%'aaaaaaaaaaaa"qt 'Go r m{ gg'KF '%'aaaaaaaaaaaa Employee Start Date: _____ Health Benefits:"Yes"aaaa No"aaaaa

Date "

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