

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

NAME \_\_\_\_\_ (Send all copies of this form to Human Resources)

ADDRESS \_\_\_\_\_ Employee No. \_\_\_\_\_

\_\_\_\_\_

TELEPHONE \_\_\_\_\_

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

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

MPSERS PLAN:  MIP Graded  MIP Fixed  Basic  MIP Plus

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

New Employee  Rehired

Salary Change  Assignment Change

Change of address  Addit'l Assignment

Name Change  Temporary

Terminated/Resigned  Leave of Absence

Retired  Other

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

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

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

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

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

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

WEEKS PER YEAR \_\_\_\_\_ DAYS PER YEAR \_\_\_\_\_ HOURS PER 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 OR TERMINATION REASON \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

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