



All employees must be highly qualified prior to hire as determined by the No Child Left Behind Law

New Hire or Assignment Change Form

Revised 07/28/22
 Form Owner: Human Resources
 Form Location:
<http://www.4j.lane.edu/hr/forms>

USER INSTRUCTIONS

Form purpose: Use this form to notify Human Resources when a position has been filled or if an assignment is being changed or added.

Where to submit this form: Submit this completed form either electronically to hr@4j.lane.edu or submit a hard copy to Human Resources.

Deadline: New hire information is due in Human Resources at least 24 hours prior to a new employee beginning work. Assignment changes are due in the Human Resources office by 5:00 p.m. of the "Field Cutoff" date for the respective month. Field Cutoff dates vary month by month, and calendars are sent out monthly (typically on the 1st) from hr@4j.lane.edu, to notify district personnel of these dates.

NEW HIRE

CHANGE TO EXISTING EMPLOYEE/ASSIGNMENT

Effective Date of Hire or Change:

EMPLOYEE INFORMATION (Required for all submissions)

Employee Name:

Employee ID Number:

| EMPLOYEE GROUP | STATUS | WORK YEAR | | WORK HOURS |
|--|---|--|--|--------------------------------------|
| <input type="checkbox"/> Administrative <input type="checkbox"/> Classified <input type="checkbox"/> Licensed <input type="checkbox"/> Professional <input type="checkbox"/> Supervisor <input type="checkbox"/> Student <input type="checkbox"/> Other: | <input type="checkbox"/> Regular FT <input type="checkbox"/> Regular PT <input type="checkbox"/> Temporary <input type="checkbox"/> Substitute <input type="checkbox"/> Seasonal <input type="checkbox"/> Other: | <input type="checkbox"/> 12 mo <input type="checkbox"/> 11 mo <input type="checkbox"/> 10 mo <input type="checkbox"/> 196 days <input type="checkbox"/> 192 days | <input type="checkbox"/> Student Attendance Days <input type="checkbox"/> Casual Timesheet (sub, temp) <input type="checkbox"/> Student Worker <input type="checkbox"/> Work Study <input type="checkbox"/> Licensed | Start Time: End Time: |

POSITION INFORMATION (Required for all submissions) – Fill out this section with the new hire's information OR the current employee's NEW information after changes have been made.

Job Title:

FTE/Hours:

Building/Dept:

Posting # (if new hire):

IS THIS COVERAGE FOR A LEAVE OF ABSENCE?

YES

NO

If "yes" please complete the information below:

Name of Employee on Leave of Absence:

Employee ID Number:

Coverage Period:

Comments:

USE ONLY FOR CHANGES TO EXISTING EMPLOYEES – Fill out this section completely with all changes made to the current employee's assignment.

TYPE OF CHANGE – Check All That Apply

- FTE Increase
 FTE Decrease
 Additional Assignment
 Job Title/Classification Change
 Funding Source Change
 Other Change (specify)

Changes or Additions to current assignment

(Indicate changes ONLY)

Job Title (if adding a new assignment):

Building/Dept:

FTE or Hours (Added or reduced):

FUNDING SOURCE INFORMATION (Required for all submissions)- If the FTE or hours are split between multiple sources, please indicate the split. You may use a percentage, FTE, or hours to each funding source.

| | FTE or Hours | Account Number (GL) |
|---------------------------------|--------------|---------------------|
| Building/Department | | |
| Targeted Funding | | |
| Student Body Funds | | |
| Fleet Funds | | |
| PTO/PTA Funding | | |
| EEF Funding | | |
| Grant Funding (including Title) | | |
| Bond Funding | | |

SIGNATURE (If submitted electronically please type administrator/supervisors name)

Comments:

Hiring Administrator/Supervisor Signature

Date

Print or Type Administrator/Supervisor Name

Date

HUMAN RESOURCES USE ONLY

Comments:

Human Resources Administrator

Date