



Mississippi Schools for the Deaf and the Blind

New Hire/Transfer Form

(Section 1) Employee Information:

Name: _____ Phone: _____
 Address: _____ Alt Phone: _____
 _____ Email: _____
 Education: High School/GED Associate Bachelor's Master's Specialist Doctorate Other: _____
 New Hire (Go to Section 2) Transfer (Go to Section 3)

(Section 2) Position Information New Hire:

Full-time Part-time Retiree Former Employee N/A Certified Classified
 Supervisor: _____ School/Department: _____
 Proposed Effective Date: _____ Contract Days: 187 197 240 Other: _____
 Position/Subject: _____ Employee being replaced: _____
 Areas of Certification (attach license): _____

(Section 3) Position Information Transfer:

Full-time Part-time Certified Classified
 Current School/Department: _____ Current Position/Subject: _____
 Proposed School/Department: _____ Proposed Position/Subject: _____
 Proposed Effective Date: _____ Contract Days: 187 197 240 Other: _____
 Supervisor: _____ Employee being replaced: _____
 Areas of Certification (attach license): _____

Approval:

Supervisor's Signature: _____ Date: _____
 Human Resource's Signature : _____ Date: _____
 Certification/Endorsement: _____ Years: _____ Approved License: Yes No N/A
 Salary: _____ Fund Source: _____
 Superintendent's Signature: _____ Date: _____

Documents (HR Use Only):

- Background Check Form ***
- Interview Forms ***
- MSDB Application ***
- License/Certification(s) [if applicable] ***
- Resume ***
- Social Security Card
- References ***
- Driver's License

*** please submit with New Hire/Transfer Form