SANTA RITA UNION SCHOOL DISTRICT
EMPLOYEE ACTION DATA

Social Security No.:_____ **Name:**_____

Effective Date:_____ _____
1st Day Worked *Last Day Worked*

Position:_____

Job Site(s):_____

CHECK APPROPRIATE ACTION

	New Hire		Continuing Employment (annual)		Cert Extra Duties Added:
	Resignation		Non-re-elect/Termination		Cert Extra Duties Deleted:
	Position Change		From:		To:
	Job Site Change		From:		To:
	Other:				

WORK SCHEDULE

Certificated

Days per Year: 186 school year ***OR*** **Other:**	**Hours per Day:** 7.25 hrs. ***OR*** **Other:**

Classified

NEW:	**Hours per Day:** **Hrs.**	**Start Time:** **AM/PM**	**End Time:** **AM/PM**	

NEW:	**Days per week:**	**Work Days per Year:**	**Work Months:**		**10**		**11**		**12**

Funding Source	%	Fund (2)	Resource (4)	YR (1)	Goal (4)	Function (4)	Object (6)	School (3)	Program (4)	Manager (2)
	___	___	_____	___	_____	_____	_____	_____	_____	_____
	___	___	_____	___	_____	_____	_____	_____	_____	_____
	___	___	_____	___	_____	_____	_____	_____	_____	_____

Remarks:_____

_____

_____ _____
Employee Signature **Date** **Supervisor/Principal** **Date**

_____ _____
Administrator **Date** **Personnel** **Date**

_____
Business Manager **Date**

FOR DISTRICT USE ONLY

Column Change _____ **Step & Range** _____ **Hourly Rate**_____

Retirement:_____ _____ _____
PERS **STRS** **NOT ELIG**

Benefit Entitlement

Medical_____ **%**

Dental_____ **%**

Vision_____ **%**