

SAN MARINO UNIFIED SCHOOL DISTRICT

PAYROLL NOTIFICATION FORM

Name: _____ SSN: _____

Position: _____ Location: _____

Check one and proceed to the designated are: _____ Date: _____

Authorization for Employment Request

Status Change

Authorization for Employment Request

Street Address

City State Zip Code Phone Number

Replacement for: _____ Location: _____

Date services to begin: _____ End: _____

Type of employment: (Please check appropriate items)

Certificated

Classified

Temporary

Probationary

Substitute

Full Time

Part time

Percentage Part Time: _____

Basis of Pay: Hourly Daily Monthly Lump Sum Salary Rates \$ _____

Salary Schedule Placement (Class/Step): _____

Status Change

Location Change From: _____ To: _____

Class/Step/Salary Change From: _____ To: _____

Termination Date: _____ Type: _____

Last Pay Date: _____ Rehire Date: _____

Leave of Absence Dates From: _____ To: _____ Type: _____

Transfer: _____ Hours/Shift Change: _____

Temporary Reassignment Effective Date: _____

Dock Status From: _____ To: _____ Type: _____

Extra Duty Assignment _____

Additional Position: _____ Date: _____

Eligible for STRS Date: _____ Eligible for PERS Date: _____

Account Numbers: _____

Comments: _____

Board Approval Date: _____

Approval Signature(s) and Date

DISTRIBUTION

White: Payroll
Canary: Personnel
Pink: Employee
Goldenrod: File

1. _____ Principal
2. _____ Program Admin
3. _____ Business Services
4. _____ Human Resources
5. _____ Accounting