Bartholomew Consolidated School Corporation

**PERSONNEL RECORDS FORM**

(Supervisor must fill in the section that pertains to the event)

|  |  |
| --- | --- |
| Certified:  | Support Staff:  |

When complete, please email this form to Heather Downin

|  |  |
| --- | --- |
| Name of Employee       | Social Security #      |
| Address       | Phone       | Birth Date       |

**NEW EMPLOYEE**

|  |  |
| --- | --- |
| Position       | Replacing Whom       |
| Fund        | Program        | Location       |
| Start Date      | Rate of Pay       | Hrs. per wk      | Yrs. Of Experience       | Out of Corp. Exp.       |
| Employee’s SignatureDate  | Supervisor’s SignatureDate |

**CHANGE/TRANSFER** (completed by new supervisor)

|  |  |
| --- | --- |
| Position       | Replacing Whom       |
| Fund        | Program       | Location        |
| Transfer Date       | Rate of Pay       | Hrs. per wk       | Yrs. Of Experience       | Out of Corp. Exp.       |
| Employee’s Signature  | Supervisor’s Signature |

**TERMINATION** (Please attach a letter of resignation or retirement)

|  |  |
| --- | --- |
| Date       Location        | [ ] Resigned [ ] Retired [ ]  Terminated |
| Reason for Termination       |
| Employee’s Signature | Date |
|  |  |

**ADDITIONAL INFORMATION**

|  |
| --- |
|       |

Please complete all highlighted areas in the sections that apply.

revised 07.02.14