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 Signature  Date | | | | Supervisor’s Signature  Date | |

**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