ENID PUBLIC SCHOOLS \_\_\_\_\_ - \_\_\_\_\_ A T

Employee Status Report

A. [ ]  New Employee Vendor # 7                 M T Today’s Date:     /     /

 [ ]  Termination ***Status Effective Date***:     /     /

 [ ]  Change in Degree       Credit Hours

 [ ]  Change Hours Worked

 [ ]  Change in Status

B. Employee\_\_

Address       Phone # (      ) /      /

City       State      Zip       -      SS#      -      -

1. Teacher Cert. #       Exp. Date      /      Location       (      )

License      Degree      College       #      Add Hrs.      Race (1-6)

Consultant      Tenure       Birthdate      /      /      Sex    M or    F

1. Job Classification       Position Master Code      -

Hire Date      /      /      Probation Period End Date (Support)      /      /

Total Years Exp.      = Exp Adj 57 Non-SDE      Dist      +OK      +Out St      +Mil

Termination Date      /      /      Termination Reason Code (SDE)

Fringe Code- #      Ins-(S or D) Exp – (<7 or 7+) (Cert Paid Others Only = 00)

Schedule: # Days      Hours      Months      Fund      Prj

Months Worked: July, Aug., Sept., Oct., Nov., Dec., Jan., Feb., March, April, May, June

Days Worked: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday

Hours Worked: From     :    to     :     = Daily Total     :     FTE    .

E. Fair Labor Standards Act Class [ ]  Exempt [ ]  Non-Exempt

1. Certified:\_\_\_\_Subject Areas of Approval

SDE Cert # TLVC Expire Description

                 /

                 /

                 /

                 /

                 /

                 /

 (Note: If more than 7 areas attach copy of certificate)

*(Continued on Back)*

G. Fraction of Day: Certified

Actual Classroom Hours +       hours per week

Travel time Allowed +       hours per week

Planning Time Allowed +       hours per week

Lunch Time Allowed +       hours per week

Total       hours per week

Total hours per week       ÷ 40 Hours per week =       .      Fraction

H. Salary Calculation: Certified Staff

 Schedule Base $       .    X Fraction    .      = Base Salary $       .

Increment (Type)       #      Amount +       .

Increment (Type)       #      Amount +       .

Increment (Type)       #      Amount +       .

Increment (Type)       #      Amount +       .

Increment (Type)       #      Amount +       .

Total Salary $       .

÷ 12 Pays Monthly Salary $       .

Comments:

I. Salary Calculation: Support Staff (Non-Certified)

Hourly Rate $      .      X      Hours per day = Daily Rate $       .

Daily Rate $      .      X      Contract days = Yearly Rate $       .

Yearly Rate $       .      ÷      Months = Monthly Rate $       .

Comments:

J. Salary Code Start-Pds FB FB Prj Func Obj Prg Subj Jcl Site

$       .      \_\_ - - - - - - -

$       .      \_\_ - - - - - - -

$       .      \_\_ - - - - - - -

$       .      \_\_ - - - - - - -

1. Signatures: Principal

Direct Supervisor

Personnel Director

Chief Financial Officer

L. Entered: Vendor PSEMI PSEPMI PSLMI PSCMI PREMI PRTMI Access