

Regional School District No. 17

Personnel Activity Form

___BOE ___Café ___Grants

Effective Date _____

Action: _____
(New hire, resignation, degree change, dock, address change etc...)

Social Security _____

Name: _____

Address: _____

Town: _____ State _____ Zip _____

Telephone: _____ Birth Date _____

Bldg/Location: _____ Position: _____

Step/Grade _____ Acct# _____

Circle one: Full Time Part Time

Annual Salary _____ Hourly Rate _____

Circle One: Non Union, Support Union, Custodian, Teacher, Admin

Authorized Signature _____ Date: _____
(Administrator taking action)

Dir. Fiscal Operations Signature _____ Date _____

Superintendent's Signature _____ Date _____

Payroll Only:

Employee # _____

Trb Y/N 1% _____ 6% _____

403b Acknowledgement Form dated _____

Medicare Y/N

SS Y/N If No, Social Security Form # SSA-1945 dated _____

Benefits Y/N

Ins Group# _____ Deduction: _____

Date posted in system _____ by: _____

Comments: