

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:**