

Donna Independent School District Auxiliary Services

New Employee/Reassignment/Change Form



Department: _____

Date Submitted: _____

Employee Name: _____
Last, First, Middle

Employee ID: _____ or SSN: _____

New Employee **Substitute** (fill out section only if applicable)

Replacing: _____

Assignment: _____

Campus/Dept.: _____

Beg. Date of Employment: _____

Number of Days Employed: _____ (full-time only)

Reassignment **Change** (fill out section only if applicable)

Replacing: _____

Former Assignment: _____

Former Location: _____

New Assignment: _____

New Location: _____

Date of Reassignment/Change: _____

Number of Days Employed: _____ (full-time only)

Pay Details Full-Time Part-Time (19 hours/week) No Benefits

Hours Per Week: _____

Former Work Schedule: _____

Days of the Week (Ex. MTWTHF)

Time(s) (Ex. 7:30AM – 4:30PM)

New Work Schedule: _____

Days of the Week (Ex. MTWTHF)

Time(s) (Ex. 7:30AM – 4:30PM)

Account Number: _____

Comments:

Department Administrator

Date

Chief Financial Officer

Date

For HR use only!

Pay Grade: _____ Hourly Wage: _____ PFTE: _____

PCN: _____ First Check Date: _____ Last Check Date: _____

PCN: _____ First Check Date: _____ Last Check Date: _____ Verified By: _____

Pay Location: _____ TRS Exempt TRS Non-Exempt

FIT Exempt FIT Non-Exempt Married Single Allowances: _____

Human Resources Administrator

Date

Forward to Business Office then Human Resources Department for Approval

Revised 8/20/14