

Bringing aboard a NEW EMPLOYEE



FRESH ELP
FORM A

Briefly explain what position needs to be filled and the reason:

Site:

PCN Reference Number:

Check one:

This is a New Position I know who I want to hire (only applicable for Positions #4-7 below)

Recruitment Reference number:

PA use only

OR
 Replacement of: (name of previous employee)

PA use only

Position you're hiring: 1. Site Lead 2. Paraeducator 3. Campus Safety Assistant 4. Activity Instructor 5. Sub 6. Certificated Staff 7. Student Worker

Desired schedule:

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schedule: <input type="text"/>	Schedule: <input type="text"/>	Schedule: <input type="text"/>	Schedule: <input type="text"/>	Schedule: <input type="text"/>
<small>START TIME - END TIME</small>	<small>START TIME - END TIME</small>	<small>START TIME - END TIME</small>	<small>START TIME - END TIME</small>	<small>START TIME - END TIME</small>
<input type="text"/> hours/day	<input type="text"/> hours/day	<input type="text"/> hours/day	<input type="text"/> hours/day	<input type="text"/> hours/day

How many hours per week will this employee work?

Desired start date? (please provide desired start date at least six weeks from when this form is submitted)

If hiring an Activity Instructor or Student Worker, how many max hours will they work during the current school year? (avg. hours per week x number of weeks remaining in the school year)

If hiring an Activity Instructor, what type do you wish to hire? (please check one)

Academic Coach Comm Ed Leadership Recreational Activities Technology

Do you know who you wish to hire? Yes No Name & email:

(only applicable to hiring positions 4-7 above)

(attach candidate's resume and transcripts if appointing; notify Area Supervisor to send application to candidate)

Does admin wish to participate in interviews? Yes No If yes, Admin Name, Title, & Email:

(if they wish to participate)

Submitted by:

Name: Date: Phone:

Admin signature: Date:

(if required)

Project Specialist notes:

Date submitted to PA:

- Is there an existing PCN for this position? If so, please indicate PCN # here. NA
- Is this PCN in an unfunded or approved position state? Approved Unfunded NA
- If setting up a work agreement, how much money needs to be allocated? NA
- Indicate the budget string this new hire should be charged to: Fund Resource Year Goal Function Object Department Manager
- If replacing an employee who has resigned, has the resignation form been submitted to HR? Yes No NA
- If hiring by appointment, have all required documents been collected and attached? Yes No NA
- Notes: Please add any additional information HR may need to know (Ex: Interview dates and/or additional panel members).