

**School Administrative Unit 50
Employee Payroll Form
Certified & Support Staff**

**Greenland School District * New Castle School District
Newington School District * Rye School District**

To: Jodi Wick, Human Resources/Business Office

New Employee **Current Employee** (change in position)

Name: _____

Social Security # (Required for new employee only): _____

Address: _____

Position: _____

Name of Employee being replaced (if applicable): _____

Budgeted Position: **Yes** **No**

Anticipated date of nomination (certified staff only): _____

Effective Date: _____

Daily Schedule:

Total Hours Per Week	Monday	Tuesday	Wednesday	Thursday	Friday

Signature of Building Administrator

Date

Please retain a copy for your file, before submitting to the Business Office.