

Farmington School District – SAU #61
 Personnel Status Sheet (PSS)

School Year: _____
 Today's Date: ____/____/____

- FHS HW7-8 HW4-6 VVCS FLA FS CUST TECH SPED SAU D/W

Employee Name		Date of Hire/Term or Effective Date	
Position/Title Specific Assignment & Certification Held	Position _____ / Assignment _____ / Certification _____		

Action Type:	<input type="checkbox"/> New Hire <input type="checkbox"/> Returning Employee <input type="checkbox"/> Resignation <input type="checkbox"/> Termination <input type="checkbox"/> LOA <input type="checkbox"/> Position Change: _____
New Hire /Transfer Type	<input type="checkbox"/> New Position <input type="checkbox"/> 1 on 1 (or 2) <input type="checkbox"/> Grant Title & # _____ <input type="checkbox"/> Replacing Employee (Emp Name) _____
LOA-Leave of Absence Reason	<input type="checkbox"/> Medical <input type="checkbox"/> Maternity <input type="checkbox"/> FMLA <input type="checkbox"/> Paid <input type="checkbox"/> UnPaid Start Date: _____ Return Date: _____
Resignation/ Termination Reason	<input type="checkbox"/> Other Employ <input type="checkbox"/> Moved <input type="checkbox"/> Medical <input type="checkbox"/> Temp <input type="checkbox"/> Non Renewal <input type="checkbox"/> Other: _____ Include forwarding address, if applicable:
Position or Bargaining Unit	<input type="checkbox"/> Teacher <input type="checkbox"/> Para <input type="checkbox"/> Food Srv <input type="checkbox"/> Maint <input type="checkbox"/> Custodian <input type="checkbox"/> Driver <input type="checkbox"/> Admin <input type="checkbox"/> Support Staff <input type="checkbox"/> Long-term Sub <input type="checkbox"/> Other/Specials: _____ <input type="checkbox"/> Athletic-ExtraCurr: _____
Benefits	<input type="checkbox"/> Teacher <input type="checkbox"/> Para <input type="checkbox"/> Food Srv <input type="checkbox"/> Maint <input type="checkbox"/> Custodian <input type="checkbox"/> Driver <input type="checkbox"/> Admin <input type="checkbox"/> No Benefits <input type="checkbox"/> Support Staff <input type="checkbox"/> Other: # days Vac _____ Sick _____ Pers _____ <input type="checkbox"/> Other Benefits _____

	New Hire or Transfer From	Transfer To (if applicable)
Days Per Week		
Hours Per Day		
Days Per Year		
Contract Period (From / To)		
Step & Track		
Hourly Rate, if applicable		
Total FTE, if less than 1.0		
Annual Salary		
Stipend or Additional		
Budget Account Code		
Add'l Budget Code if split		

Requested By (print name)		Today's Date	
Authorized By		Today's Date	