

**Arlington Central School District
Office of Human Resources**

Non-Instructional Personnel Change Form

Date: _____	
Name: _____	SSN: - -
Address: _____	DOB: / /
_____	Phone: - -
NEW APPOINTMENT: <input type="checkbox"/> TITLE CHANGE: <input type="checkbox"/>	
Effective Date: / /	
New Title: _____	
Old Title: _____	
Position #: _____	Replaced: _____
All positions are required to serve a 26 week probationary period.	
RETIREMENT: <input type="checkbox"/>	RESIGNATION: <input type="checkbox"/> TERMINATION: <input type="checkbox"/>
Effective Date: / /	Title: _____
LEAVE OF ABSENCE: <input type="checkbox"/>	FMLA: <input type="checkbox"/> SUSPENSION: <input type="checkbox"/>
Effective Date: Starting / / through / /	
Check one: <input type="checkbox"/> With pay or <input type="checkbox"/> Without pay	
Title: _____	
SUBSTITUTE: (CHECK ONE BELOW) TEMPORARY (3 MONTH MAX/YEAR): <input type="checkbox"/>	
<input type="checkbox"/> CLERK <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> SCHOOL MONITOR <input type="checkbox"/> BUS MONITOR <input type="checkbox"/> TYPIST	
<input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> SCHOOL LUNCH <input type="checkbox"/> NURSE <input type="checkbox"/> OTHER _____	
Effective Date: / /	End Date: / /
EXPLANATION: _____	
HR OFFICE USE ONLY:	
REFERENCE CHECK: <input type="checkbox"/> _____	
Need Board Approval: _____	Board Approval: _____/_____/_____
Salary: _____	Step: _____
Substitute Hourly Rate of Pay: _____	
_____ Health/BYO	_____ Life
_____ Dental	_____ TRS/ERS
_____ Dues	_____ Fingerprints
_____ RPC	_____ Agenda

Signature of Department Head

Signature of Associate Superintendent of HR

____ personnel file

____ benefits

____ payroll

____ department

updated 6/24/2013