

**Wood County Educational Service Center**  
**CHANGE Form**

**Revised 3.27.18**

**( Billing / Days / Hours / Location / Position / Salary / Student / Supervisor / Taxes / Other )**

Name \_\_\_\_\_

**From:** \_\_\_\_\_

Supervisor \_\_\_\_\_

**To:** \_\_\_\_\_

Current or New Position \_\_\_\_\_

Replacing Another Employee? Yes No

New Student's Name \_\_\_\_\_  
*(If Student Attendant)*

If yes, who? \_\_\_\_\_

Building \_\_\_\_\_

District or Grant to Charge \_\_\_\_\_

Full Time      PT1                      PT2                      PT3  
*35 Hrs      (33.75 - 34.99 Hrs)      (30-33.74 Hrs)      (Less than 30 Hrs)*

Program Costs: Yes No

List Program \_\_\_\_\_

Retirement System:      STRS      or      SERS

1'st Day of <b>Change</b>	Sal Sch / Degree & Step <i>or N/A</i>	Ext Time	Hrs Per Day	Days Per Week	Max Hrs? If so, how many?
_____	_____	_____	_____	_____	_____

\_\_\_\_\_  
**Authorizing School Official Signature      Date**

\*\*\*\*\*

**Salary Information**  
*(Payroll use only)*

Time Slips      Y      N

Salary \_\_\_\_\_

Contract Days \_\_\_\_\_

Bi-weekly \_\_\_\_\_

# of Pays \_\_\_\_\_ # of Pays in FY \_\_\_\_\_

Daily Rate \_\_\_\_\_

Budget Account:

Hourly Rate \_\_\_\_\_

\_\_\_\_\_ %

1st Day of Work \_\_\_\_\_ Last Day \_\_\_\_\_

\_\_\_\_\_ %

1st Pay \_\_\_\_\_ Last Pay \_\_\_\_\_

\_\_\_\_\_ %

**JOBSCN:**

Pay Group: \_\_\_\_\_ Calendar: \_\_\_\_\_ Bld Code: \_\_\_\_\_

Medical    PPO    MVP    Waive? \_\_\_\_\_

City Tax Codes: \_\_\_\_\_

Dental    F    S    Waive? \_\_\_\_\_

**BIOSCN:** Code 1 \_\_\_\_\_ Code 2 \_\_\_\_\_

Life      Yes    No    Waive? \_\_\_\_\_

Text: \_\_\_\_\_

Is Board Action Required?    Yes    No

**Internal Only?**    Y    N

Is New Contract Required?    Yes    No

Only Issue Adj Salary Notice?    Yes    No

**Board Mtg Approval:** \_\_\_\_\_

- |                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Cost Stmt<br><input type="checkbox"/> Program Stmt<br><input type="checkbox"/> Classified Alpha SS<br><input type="checkbox"/> Cert/Class Budget SS<br><input type="checkbox"/> Insurance SS - FYE<br><input type="checkbox"/> Salary SS - FYE<br><input type="checkbox"/> Appropriations<br><input type="checkbox"/> Service Agreement<br><input type="checkbox"/> EE Data SS - AF Comply |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|