

Wood County Educational Service Center

Revised 3.27.18

ReHire Form

Name _____

Position _____

Address _____

Student's Name _____

District AND Building _____

SSN _____

Supervisor _____

Phone _____ Rehired Retire? Y or N

Replacing Another Employee? Yes or No

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

If yes, who? _____

District or Grant to Charge _____

Retirement System: STRS or SERS

Program Cost? N or Y - List _____

1'st Day of Work Sal Sch / Degree & Step 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: _____

Estimated Days _____ Estimated Salary _____

Board Action Date: _____

Contract Type:

Classified Certified Administrative Special Seasonal At Will

- Cost Stmt
Program Stmt
Classified Alpha SS
Cert/Class Budget SS
Insurance SS - FYE
Salary SS - FYE
Appropriations
Service Agreement
EE Data SS - AF Comply