

**Stewart County Board of Education**  
**2019-2020 Employee Change of Status Form**

Employee Name: \_\_\_\_\_ Effective Date for Change of Status: \_\_\_\_\_

| <b>Current Assignment</b> |
|---------------------------|
| School:                   |
| Position:                 |
| Contract Pay Rate:        |
| Contract Days:            |
| Contract Hours/Day:       |

| <b>New Assignment</b>                    |
|--|
| School:                                  |
| Position:                                |
| Contract Pay Rate:                       |
| Contract Days:                           |
| Contract Hours/Day:                      |
| Paid Holidays:                           |
| Staff Development Days:                  |
| Total Days Paid:                         |
| Total Salary:                            |
| Sick Days:                               |
| Additional Assignments and Compensation: |

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Director: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Department: \_\_\_\_\_ Date: \_\_\_\_\_

*\*A copy of this completed form is to be forwarded to the secretary of the school where the employee is assigned and the original placed in the employee's personnel file.*