

RHY-CONTRACT PERSONNEL CHANGE FORM

Agency: _____ Program #: _____

Program Name: _____ Contract Period: _____

ADD TO STAFF/NEW EMPLOYEE

Name: _____ Start Date: _____

Budget Title: _____

Full Time: _____ Annual Salary: _____ Youth Board Share: _____

Part Time: _____ Hourly Rate: _____ Average Weekly Hours: _____

Social Security Number: _____ Health Insurance: Yes: _____ No: _____

Resume Attached: Yes: _____ No: _____

Were references checked? Yes: _____ No: _____ CPS Check? Yes: _____ No: _____

TERMINATION FROM STAFF

Name: _____ Termination Date: _____

Budget Title: _____

Reason for Termination: _____

CHANGE OF PAYRATE

Name: _____ Budget Title: _____

Change Payrate From: _____ To: _____ Effective Date: _____

Justification: _____

CHANGE OF # HOURS WORKED

Name: _____ Budget Title: _____

Change Hours Worked From: _____ To: _____ Effective Date: _____

Justification: _____

CHANGE OF TITLE

Name: _____ Budget Title: _____

Budget Title From: _____ To: _____ Effective Date: _____

Justification: _____

CHANGE OF SURNAME

Name: _____ Budget Title: _____

New Name: _____ Effective Date: _____

Approved by Agency: _____ Date: _____

Approval Y.B. Program Manager: _____ Date: _____

Approval Y.B. Auditor: _____ Date: _____