

Nantucket Public Schools

Employee Change in Status Form

Employee _____ # _____ Effective Date _____

Location _____

Current Salary/hourly _____ New salary _____

Current account # _____ New account # _____

Reason for Change: Please place a checkmark in the appropriate box.

<input type="checkbox"/> Address Change	<input type="checkbox"/> Longevity	<input type="checkbox"/> Retirement
<input type="checkbox"/> Maternity leave	<input type="checkbox"/> Marital Status Change	<input type="checkbox"/> Sabbatical
<input type="checkbox"/> Discharge	<input type="checkbox"/> Merit Increase	<input type="checkbox"/> Step Movement
<input type="checkbox"/> Lay-off	<input type="checkbox"/> Name Change	<input type="checkbox"/> Stipend
<input type="checkbox"/> Leave of absence <i>with</i> pay	<input type="checkbox"/> Change of pay	<input type="checkbox"/> Transfer
<input type="checkbox"/> Leave of absence <i>w/out</i> pay	<input type="checkbox"/> Resignation	<input type="checkbox"/> Other: See Below

Name Change: From _____ To _____

New Address: _____

Other Changes and Comments: _____

 Payroll Assistant's Signature Date: _____

 Business Administrator's Signature Date: _____

 Superintendent's Signature Date: _____