



FRANKLIN CENTRAL SUPERVISORY UNION

NEW HIRE INFORMATION

Please print information in ink and attach originals of all required documentation.
 Since this form contains confidential information, please do not leave unsecured or exposed.

New Employee's Name: _____ **First Work Day:** _____

Job Title: _____ **Person being replaced:** _____ **Supervisor:** _____

Work Location: Fairfield Center BFA / NWTC FCSU St. Albans City St. Albans Town

Contract Type: School Year Full Year Other: Please list number of days: _____

Status: Full Time Part Time, FTE % _____ Temporary / Substitute Extracurricular

Wages:	Pay/Salary Rate <input type="checkbox"/> per hour <input type="checkbox"/> annually <input type="checkbox"/> per diem		Hours paid per day:	Other special pay information:
	Classroom Positions:	# Trimesters	Daily classes/periods assigned	Co-curricular, Extra Classes/Duty Pay

Required Documentation:

For All Positions	School Administrator		Central Office	
	Received By:	Date:	Received By:	Date:
Employment Application (completed and signed)				
Resume (if presented by applicant)				
Letters of Reference: 1 2 3				
Verification/Reference Checks: 1 2 3				
Criminal Record Check Form				
I-9 Form with supporting documents				
Federal W-4 Form				
Administrator and Educator Positions	School Administrator		Central Office	
Status and Type of license(s): __Educator __Administrator	Received By:	Date:	Received By:	Date:
Copy of License and transcripts showing all course work and degree(s) earned (official transcript to SU Office)				
Provisional or Emergency License Requested				

Placement on Step

Degree	Credits Beyond Degree				Administrator Recommendation		Central Office Placement	
	0	15	30	Other	Yrs Experience	Step	Yrs Experience	Step
None								
Associate								
Bachelor								
Master								
Doctorate								

Copies to: Employment File, Business Office