

Stewart County Board of Education

2024-2025 Employee Change of Status Form

Employee Name: _____ Effective Date for Change of Status: _____

Current Assignment
School:
Position:
Contract Pay Rate:
Contract Days:
Contract Hours/Day:

New Assignment
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.*