

RECOMMENDATION FOR EMPLOYMENT OR TRANSFER **EXTENDED DAY PROGRAMS****Greenville County Schools**

Classified - FAX: 355-3975

LOCATION _____ THREE DIGIT CODE _____ EFFECTIVE DATE _____

NEW HIRE ACTION (Complete for New Hires or Rehires only)

Name _____ Social Security Number: _____

Address: _____ Zip Code _____ Phone: _____

☐ Full Time ☐ Part Time FTE ☐ Temporary ☐ Substitute**SELECT NEW POSITION ASSIGNMENT BELOW****TRANSFER OR ADD ADDITIONAL POSITION FOR EXISTING EMPLOYEE**☐ FT to PT ☐ PT to FT ☐ Sub to FT ☐ Sub to PT ☐ Temp to FT ☐ Temp to PT ☐ Add a second positionReason: ☐ Promotion ☐ Transfer ☐ Moved due to Excess at current location

Name _____ Employee Number: _____

Transfer from: Location _____ Position _____

SELECT NEW POSITION ASSIGNMENT BELOW**FOR ALL ACTIONS**Does this person have relative(s) currently employed in the school district? ☐ YES ☐ NO Working Retiree? ☐ YES ☐ NO

If yes, NAME: _____ Relationship: _____

Is this action a replacement for someone who resigned, transferred, etc.? ☐ YES ☐ NO

If yes, NAME: _____ Reason for Vacancy: _____ Date: _____

**SELECT POSITION ASSIGNMENT BELOW:
EXTENDED DAY PROGRAMS**

Enter 3 digit location code: _____

Select Position or Positions (all that apply)

<input type="checkbox"/> Extended Day Worker (XXXAFSCH)	Grade A	<input type="checkbox"/> \$7.40 (1)	<input type="checkbox"/> \$9.44 (2)	<input type="checkbox"/> \$11.22 (3)
<input type="checkbox"/> Extended Day Teacher (XXXTAFSCH)	Grade C	<input type="checkbox"/> \$23.46		
<input type="checkbox"/> Enrichment Teacher (XXXTAFSCH)	Grade C	<input type="checkbox"/> \$23.46		
<input type="checkbox"/> Extended Day Bookkeeper (XXXBOOKEXT)	Grade D	<input type="checkbox"/> \$13.26		
<input type="checkbox"/> Extended Day Director (XXXDAFSCH)	Grade B	<input type="checkbox"/> \$16.32 (1)	<input type="checkbox"/> \$19.38 (2)	<input type="checkbox"/> \$20.40 (3) <input type="checkbox"/> \$24.48 (4)
<input type="checkbox"/> Extended Day Asst Director (XXXAFASDIR)	Grade E	<input type="checkbox"/> \$13.26 (1)	<input type="checkbox"/> \$15.30 (2)	

SIGNATURE of Manager: _____ Date: _____

HR Signature: _____ Date: _____

FOR HUMAN RESOURCE/PAYROLL USE ONLY

Annual/Hourly Salary _____ Pay Schedule _____ Pay Step _____ Prior Vacation Exp _____

Employee FTE _____ ☐ Orientation ☐ Employment Letter ☐ Entered
Lawson_____
(Date and initials)