

**SCHOOL ADMINISTRATIVE UNIT NO. 14
EPPING SCHOOL DISTRICT
PAYROLL INFORMATION FORM**

NAME OF EMPLOYEE: _____

ADDRESS/TELEPHONE (if new hire): _____

NEW/REPLACEMENT POSITION

POSITION TITLE: _____

DATE OF HIRE: _____

START DATE: _____

HOURLY RATE/SALARY: _____

DAYS PER YEAR: _____ HOURS/DAY: _____

IS THIS A NEW POSITION? YES NO

NAME OF PERSON BEING REPLACED: _____

LAST DAY WORKED: _____

DAYS PER YEAR: _____ HOURS/DAY: _____

RESIGNATION/TERMINATION

POSITION TITLE: _____

EFFECTIVE DATE (LAST DAY WORKED): _____

REASON FOR LEAVING: _____

OTHER CHANGES:

NAME: _____

ADDRESS: _____

POSITION: _____

HOURLY RATE/SALARY: _____ HOURS/WEEK: _____

AUTHORIZED SIGNATURE

DATE:

PLEASE RETURN TO SAU OFFICE: ATTENTION PAYROLL