Mariana Bracetti Academy Charter Schools

New Hire Form

Required Information-Please Complete   Effective Date:_____/_____/___________

Last Name		First Name		Middle Name	

Soc Sec No: ___ ___ ___-___ ___-___ ___ ___ ___   Date of Birth: ______/______/__________

Permanent Address

________________ Street Address   ____ Apt #   ________ City   ____ State   ____ Zip

Mailing Address

________________ Street Address   ____ Apt #   ________ City   ____ State   ____ Zip

Phone: (   )_____________________   Cell Phone: (   )____________________________

Marital Status: ☐ Married ☐ Single   **Gender:** ☐ Female ☐ Male

Emergency Contact

*Name:*____________________   *Work Phone* ______________   *Home Phone* ______________

↑↑↑↑↑↑↑↑↑*Employee Complete Above* ↑↑

Job Title:__________   Supervisor's Name ______________________   Work Location: Mariana Bracetti

☐ New Position **OR** ☐ Replacement for: ____________________   Site/Dept: #0529

RATE OF PAY: $ ___________ ☐ SALARIED ☐ HOURLY ☐ DAILY

STATUS: ☐ FT ☐ PT ☐ TEMP ☐ INTERN ☐ SUBSTITUTE Overtime Eligible ☐ Yes ☐ No

TAXES: Fed w/h_______ Add'l w/h/ $_________ City/State/ w/h_______ Add'l w/h $_______

Union: ☐ No ☐ Yes **Work Year:** ☐ 12- Mos. ☐ 10-Mos. ☐ School-YR # of days: __________

ASSIGNMENT OF SALARY TO GENERAL LEDGER/ ACTIVITIES & GRANT ACTIVITIES

	Site	Dept	Major	Sub	Phase	Div	Grant	Grant/Sub	% Allocated
1st Code	____	____	____	____	____	____	____	____	______%
2nd Code	____	____	____	____	____	____	____	____	______%

%_______ Grant Name _______________   %_______ Grant Name _______________

%_______ Grant Name _______________   %_______ Grant Name _______________

Hired for specific event? ☐ Yes ☐ No   **EVENT CODE #** _____________

SIGNATURES

Prepared by : __Ron Nordmeyer___ Title: __Director of Operations_______ Date __/___/____

Signature:______________________ Title: CEO __Angela Villani_____ Date __/___/____

Signature:______________________ Title: Dir of Operations __Rod Nordmeyer___ Date __/___/____

Signature:______________________ Title: _____________ ________________ Date __/___/____

Signature:______________________ Title: _____________ ________________ Date __/___/____

(Print Name)

File # ________________________   EEOC CODE__________________

Date Form Processed: ___/___/______   Date received: ___/___/______

Chief Financial Officer Signature: ________________ Print Name ____________________