

New Hire / Transfer / Change (ESP - Educational Support Professional)

•	gnment or Additional A ange/FTE Change Change	ccount Code								
School or Department					Social Security #					
Name of Employee					Employee ID#					
Address					Date of Birth					
City	State	Zip		Н	ours per Da	ay	Hours per W	/eek	FTE	
Phone	Email			N	umber of C	ontract Day	'S	of		
True Time Approver(s)				Hi	Hire / Effective Date					
Time Off Approver				R	Retired From Utah State Retirement System					
POSITION			HUMA	AN RES	OURCES O	FFICE USE	ONLY			
Admin Assistant Instruct Assistant Custodial Maintenance Nutrition Transportation Other Replacement (Additional should be mark If a replacement, comp Name of replaced emplo	<u> </u>	warded di)	Con _ Con1 _ Con2 _ Con3 _ Hou Ra _ Paym.	teent to be	egin	ase Salary	Semi- Monthly Salary		Total Contract	
Supervisor Approval	:		Fund	Locatio	-	Program	Function	Object	% of FTE	
Principal or Immedia	te Supervisor	Date	- 📙	HR Ap	proval:					
Program Admi	nistrator	Date			Hu	ıman Resources Adm	ninistrator		Date	

Return to the Department of Human Resources. The Department of Human Resources will return a copy to the school. Please keep records of submitted and returned copies. The returned, signed copy is your proof that this paperwork has been submitted to the Department of Human Resources.