

River Valley Child Development Services  
Personnel Status Change Form

## New Hire

Today's Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Employee's Program: \_\_\_\_\_

Employee's Worksite Address: \_\_\_\_\_

### Employee's Status on Effective Date

#### **RVCDs Classification**

- ☐ Provisional Employee ☐ 90 day ☐ 6 months  
☐ Part-Time Employee (Percentage of Time: \_\_\_\_\_)  
☐ Temporary Employee (Time Frame: \_\_\_\_\_)  
☐ Substitute Employee

#### **FLSA Classification**

- ☐ Exempt  
☐ Non-Exempt

Program: \_\_\_\_\_ Account Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Annual Rate: \_\_\_\_\_ Biweekly: \_\_\_\_\_ Hourly: \_\_\_\_\_

Stipend Amount: \_\_\_\_\_ Reason for Stipend: \_\_\_\_\_

Educational Qualifications: \_\_\_\_\_ STARS Level: \_\_\_\_\_ Years' Experience: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Approvals**

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resource Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Date 1: \_\_\_\_\_ Date 2: \_\_\_\_\_ Initials: \_\_\_\_\_

Director- Business & Finance: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resource Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use ONLY (Payroll Department completes)</b>
First pay date with effective change: _____

Effective Date: 6/30/2020