



Genesee Education Consultant Services

Human Resources

Request to Update

GECS HR OFFICE USE ONLY

FEE FOR SERVICE CHARGE

% INITIAL

Date:

NEW RATE - OR - ADDITIONAL PAYMENT IS BEING ADDED TO CURRENT EMPLOYEE

Employee Name: School District/Department/Location:

Position Title: Current Hourly Rate: \$

Hourly Increase % New Hourly Rate: \$ Effective:

Notes:

Anniversary Stipend: \$ Year # Effective:

Notes:

Other Stipend: \$ Frequency: Effective:

Notes:

Employee's Supervisor: Department Director: Acct/PO#:

CURRENT GECS EMPLOYEE PERMANENT CHANGE OF ASSIGNMENT

Employee Name: School District/Department/Location:

1. Previous Position: Previous Hourly/Daily (circle one) Rate:

Type of Employment (Please check ALL that apply): Full-Time Part-Time Temporary Grant Funded Calendar Year (12 month) School Year Seasonal: Fall Winter Spring Summer

2. New Position: Job Posting #: Hourly/Daily Rate (circle one): (If employee is salary, please fill out "Salaried Employee Contract Information" along with this form)

Has the employee been notified by the district that they will be filling this position? Yes No N/A

Type of Employment (Please check ALL that apply): Full-Time Part-Time Temporary Grant Funded Calendar Year (12 month) School Year Seasonal: Fall Winter Spring Summer

Scheduled Hours per day: Scheduled Days per week: Scheduled Hours per week: Eff. Start Date:

Employee eligible for (district will be invoiced): Medical coverage: Yes No Dental coverage: Yes No Vision coverage: Yes No

Enhanced benefits (i.e. PTO, Sick, Personal, Vacation, Paid Holidays): Yes (Please send detail to GECS) No

Was a degree/certificate of any kind required for the employee to fill this position? No Yes

Employee's Supervisor: Department Director: Acct/PO#:

REP Information

THIS SECTION IS REQUIRED TO BE COMPLETED

Building Code: REP Assignment Code: FTE: Function Code:

Grade or Setting (If Required): Additional REP information GECS might need:

Department Director Approval (Signature): Date: