



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: _____

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: _____

◆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: _____