



Genesee Education Consultant Services

Human Resources

Request to Hire (RTH)

GECS HR OFFICE USE ONLY

FEE FOR SERVICE CHARGE

% INITIAL

Date:

REQUIRED FIELD

REP information is REQUIRED to provide funding for schools. Please contact your district's Human Resource Department in order to complete the REP section on this form. IF DEGREE/CERTIFICATE IS REQUIRED FOR POSITION, PLEASE HAVE EMPLOYEE SEND GECS THE INFORMATION.

NEW EMPLOYEE -OR- ADDITIONAL ASSIGNMENT IS BEING ADDED TO CURRENT EMPLOYEE

Please Check One:

- New Employee, Additional Assignment for current GECS Employee, Change of Assignment (Please complete bottom section)

Employee Name: School District/Department:

Position Title: Job Posting #: Hourly/Daily Rate (circle one):

Type of Employment (Please check ALL that apply): Full-Time, Part-Time, Temporary, Grant Funded, Substitute

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, Dental coverage, Vision coverage

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

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

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

2. New Position: Job Posting #: Hourly/Daily Rate (circle one):

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, Substitute

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, Dental coverage, Vision coverage

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

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