☐ New Hire
☐ Re-Hire
☐ Transfer

Notification of Assignment
and
Intent to Terminate Assignment
(Non-Contract Employee)

Please return this form to the Payroll Department.

State Retirement: ☐ Eligible ☐ Ineligible

ACCOUNT NUMBER_____ DATE_____

To_____: _____ _____
(Employee) (social security number) phone #

With the recommendation of _____, you are assigned
(administrator)

to_____ as a _____ _____
(school/work unit) (position) (job code)

beginning _____. You will be working _____
(date) (# of hours)

a day. Your hourly wage will be _____. You will be

replacing _____.

(FOR PAYROLL USE ONLY)

URS FORM ☐ DD ☐

With the exception of being assigned to a seasonal work crew, the four following statements apply to your employment:

1. If your assignment is for twenty (20) or more hours a week, you are eligible to join the State Retirement System. You must complete the attached retirement form. This benefit is given at no cost to the employee. If you are working less than (20) hours per week you are not eligible to join and you need to complete the attached Statement of Ineligibility form.

2. As a non-contract employee you are allowed to enroll in the Network Select insurance program of the district by paying the full cost of the insurance premiums. (Policy #4405 1.3)

3. As a non-contract employee, you are required to give the District five (5) days notice before terminating. Likewise, the district is required to give the employees five (5) days notice before termination of employment, unless the length of employment was set at the time of hiring. (Policy #4455 1.2 - 1.4).

4. At the time of termination, the employee must sign and complete the "Intent to Terminate Assignment" on the reverse side of this page, so that we have a definite starting and ending date of employment. And you will need to complete the "Employee Benefits Notification"

Note: 1. All hourly employees must sign the completed **Notification of Assignment** at the time of **hiring.** Please return the original in the hiring packet to the **Payroll Dept.** and keep a copy for the school personnel file.
2. At the time of **termination,** the employee must complete and sign the **Intent to Terminate Assignment** on the reverse side of this page. Please return the original in the hiring packet to the **Payroll Dept.** and keep a copy for the school personnel file.

Whether you are a regular hourly or seasonal employee, you cannot be assigned to work in the same work unit or school as a relative. In accordance with Policy #4473, relatives are defined as: father, mother, husband, wife, son, daughter, sister, bother, mother-in-law, father-in-law, brother-in-law, sister-in-law, son-in-law, or daughter-in-law.

List your relatives, If any, who work in the District:

	Name	School/Work Unit	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I have received a copy of this form and have listed my relatives, if any , in the space that has been provided on this form. Falsification of information may lead to immediate dismissal.

_____ _____
Employee Signature **Date**

Approvals:

_____ _____ _____ _____
Administrator **Date** **Budget Office Approval** **Date**

* * * * * * * * * * * * * *

NOTIFICATION OF INTENT TO TERMINATE ASSIGNMENT

I, _____, _____ am giving notice to
Employee Name **Social Security #**

Alpine School District that I will no longer be working as a non-contract employee effective _____.

I have been employed as a _____ located at _____.
Position **School/Work Unit**

Please check the appropriate boxes below:

- ☐ Terminating employment
- ☐ Transferring to another assignment with school
- ☐ Transfer assignment within District

_____
Employee Signature