

EMPLOYEE MAINTENANCE

SCASD EMPLOYEE MAINTENANCE

(Food Services and Transportation)

If checked, please view attached Form

See Attached - **If applicable, please attach additional documents to this email.**

Additional Comments (if applicable):

SCASD EMPLOYEE MAINTENANCE

(Food Services and Transportation)

Effective Date:

Employee ID:

Full Name:

Employee Status: **New** **Terminated** **Other**

Details:

Position Title(s):

Department (Job Class):

Base Location:

Employee Type:

Hourly

Substitute

Days/Year:

Hours/Day:

Hourly Rate:

Electronic Signature of Preparer

Electronic Signature:

Date Submitted: