

Shoreline Unified School District

Personnel Authorization Form

Please check changes to be made				
Name Change (1a, 1b, 9, 15-18)	New Employee (1a-18)	Change of Pay (1a, 9, 11-18)		
Mailing &/or Physical Address Change (1a, 3, 9, 15-18)	Rehire (1a-18)	Change of Funding (1a, 9, 13, 14, 17-18)		
Phone Change (1a, 2, 9, 15-18)	Change of Site (1a, 7, 9, 17-18)	Out of Class/Position (1a, 5-18)		
Personal Email Address Change (1a, 4, 9, 15-18)	Change of Hours (1a, 9-18)	Leave of Absence (1a, 9, 17-18) *Attach Leave Request		
	Change of Position (1a, 5-18)	Termination (1a, 9, 17-18)		
New Position Request (5-14, 17-18) Attached with a justification for position, budget and funding sources.	Additional Position/Pay (1a, 5-13, 15-18)	Retirement/Resignation (1a, 9, 17-18) (Circle one) *Attach Resignation		

Please co	omplete ALL applicable nun	nbered sections on lower par	t of form
1a. Employee Name		1b. Old Name	
2. (New) Phone		_	
6. (New) Address			Mailing or Physica
. (New) Personal Email			
5a. (New) Position Number		5b. Old Position Number	
6a. (New) Position Title		6b. Old Position Title	
7a. (New) Site/Program		_ 7b. Old Site/Program	
a. (New) Range Step8b. Old Range Step		9. Effective Date	
0. (New) Pay Rate	/Hr/Mo	/Annual 11. Hrs./day	12. Days/year
3. Account Code -			
	nd the amount required:		
. Employee Signature:		16. Date	
Site Administrator/Direct	tory:	I8. I	Date
LEASE NOTE: Employees mu	st receive full approval and criminal	background : clearance checks before	ore authorized to start work.
Chief Business Official		Date	e
Superintendent		Date	e
	DISTRICT OFF	ICE USE ONLY	
Onboarding Checklist MA Screen	W-4 / Data W-4 /Control		ndard Funding
	PERS Election Y/N STRS Election Y/N	Differential Me Masters Der	dical Payline
			ntal Ded Screen
	Immunizations Assignment	StipendVis Direct DepositUni	Dcu