

**UNION COUNTY PUBLIC SCHOOLS – HUMAN RESOURCES DIVISION
REQUEST FOR EMPLOYEE BENEFITS OR QUALIFYING SALARY**

Fax: (704) 289-9154 *****

Person for which benefits are being requested:

This form is to be used for licensed or classified interim employees employed for a period of less than 6 months.

SSN: XXX-XX- (last four digits only)

Legal Name: _____
(Same Name as Social Security Name) Last First Middle Maiden

School: _____ Position: _____

Date Employment Begins: _____ Date Employment Ends: _____

REASON FOR INTERIM VACANCY:

Resignation of _____ on _____

Transfer of _____ to _____

Medical Leave of Absence for _____ from _____ to _____

CHECK AS APPROPRIATE:

- Qualifying teacher salary during the interim period
- Sick Leave, Annual Leave and Holiday Pay
- Sick Leave, Annual Leave, Holiday Pay, Personal Leave, Health Insurance and Retirement
(This selection can be requested only if you intend to rehire the employee.)

Justification for Request: _____

Upon a satisfactory evaluation and completion of the current school year, I intend to re-hire this employee for the following school year.

Supervisor's Printed Name _____

Supervisor's Signature: _____ Date: _____

Supervisor's Title: _____ School/Dept. Location: _____

HUMAN RESOURCES DIVISION USE ONLY

Request Approved: _____ Request Denied: _____

Signature of Human Resource Official/ Title _____ Date _____

- Copy to Payroll _____ Date Submitted to Payroll _____
- Copy to Benefits _____ Date Submitted to Benefits _____
- Copy to Supervisor _____ Date Submitted to Supervisor _____

Board Approval
Date _____

Special Conditions of Approval: _____