

Limestone Charter Association

Professional Certified Staff (PCS) Form



Items marked with an * are required fields

Please print a copy for your records.

Select the Employee Status *		
School Name: *		
Submitted By: *		
Email of person submitting form:		
Contact Number:		
Date Submitted *		
New Hire – complete entire form		
Employee's (Legal) Name (as on birth certificate, driver's license, or SS card) *		
Employee Educator ID Number: *		
Date of Birth: *		
Race/Gender		
Employee Email:		
Employee Updates: You only need to complete the Update column if an employee has any changes in the information below. (Ex. New Position/Salary)		Enter Updated Information only
Employee Position Code: * Position Code List		
Brief Job Description: * (Ex. 3 rd Grade Math Teacher)		
Employee Start Date: *		
Employee FTE Portion: (Ex.: 1.0, .82, or .5) Full/Part Time		
First 135 Days Employed: * (Total days employed out of First 135 days)		
Total Days Employed: (ex. 120, 180, 190) * (Total days employed out of 190 days) calculated from start date		
Annual Salary: * This should be the same as contract salary amount. If ending current position, enter amount earned, also, enter total amount that will be received in new position		
What amount of the salary is Federal Funds ? (If employee is paid full or part with federal funds.)		
UPDATE Change Effective Date: (enter last date worked in current position and enter start date for updated position)		

Is this person employed in two positions?	
If yes, enter the Position Code and Salary <i>(also indicate Federal salary amount if any)</i>	
Classified as a Teacher: <i>(If yes, complete information below)</i>	
National Board-Certified Teacher:	
Specify Certificate Number:	
ADEPT Contract Type:	
ADEPT Contract Level	
Employee Termination	
Terminated Employee's Last Day Worked:	
Employee Termination Date:	
Total Days Employed: (ex. 120, 180, 190) * <i>(Total days worked out of 190 days)</i>	
Amount of Terminated Employee's salary received while working:	
Employee Reason for Termination:	
Transferring to Other State Entity?	
District or State Entity Name Transferring to:	
SCDOE Regulation 43.58.1 – Was this employee dismissed, resigned, or is otherwise separated from employment with that district (charter school) based on allegations of misconduct including, but not limited to, misconduct involving drugs, sexual misconduct, the commission of a crime, immorality, moral turpitude, or dishonesty?	If yes, indicate reason below
Additional Information:	

Once information is entered, please save and print this form for your records.
The reset button will clear the form to allow you to enter additional employees.