

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA**  
**EMPLOYEE ENROLLMENT FORM**

Check one:

- Administrative
- Instructional
- Professional Support Staff
- Substitute

Submit all copies to the Human Resources Office

No one will be employed until an original Social Security Card and valid picture identification have been presented to the Human Resources Department.

Name \_\_\_\_\_ **Employee ID Number (HR Use Only)** \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Alien Registration # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Handicap Status \_\_\_\_\_

Worksite Name \_\_\_\_\_ Facility # \_\_\_\_\_

Employee Physical Address \_\_\_\_\_  
 Street City State Zip Phone \_\_\_\_\_ (Include Area Code)

Mailing Address (If different from above) \_\_\_\_\_  
 Street City State Zip

Position # \_\_\_\_\_ Subgroup # \_\_\_\_\_ Pay Type \_\_\_\_\_ Hours Per Day \_\_\_\_\_

Position Name \_\_\_\_\_ Course Code #(s) \_\_\_\_\_

Check one of the following: **(The following area must be completed for School Board agenda reporting)**

New Allocation  Replacement For \_\_\_\_\_ Exit Date \_\_\_\_\_ Date Vacancy Advertised \_\_\_\_\_

Status (Check one of the following):

- Regular  Short Term Contract – Ending Date \_\_\_\_\_
- Substitute Employee, OPS Object 751, Salary Replacement \_\_\_\_\_ Exit Date \_\_\_\_\_
- Substitute Employee/Extra Help (Object 750 – OPS Contract Attached)

Salary Distribution: **(This section must be completed in order to charge position correctly and to process Enrollment Form)**

FY (2)	FUND (3)	CENTER (4)	PROJECT (7)	FUNCTION (4)	OBJECT (4)	PRG (3)	S (1)	%

**Special Funding Administrative Signature:**  
**(Must have appropriate signature for special funding of position)**

Has this individual ever received Worker's Compensation? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
 EMPLOYEE SIGNATURE DATE PRINCIPAL/SUPERVISOR/DEPARTMENT HEAD DATE

**HUMAN RESOURCES DEPARTMENT USE ONLY**

Date of Employment \_\_\_\_\_ HR Records \_\_\_\_\_ Agenda date \_\_\_\_\_

Pay Level \_\_\_\_\_ Years Verified \_\_\_\_\_ Salary or Hourly Rate \_\_\_\_\_

Slot# \_\_\_\_\_ W-4 Code \_\_\_\_\_ Pay Type \_\_\_\_\_ Contract Status \_\_\_\_\_

**Sick Leave**

Date Earnings Begin \_\_\_\_\_

**Sick Leave**

Date/Amt Adv Credited \_\_\_\_\_

**Vacation**

Date Earnings Begin \_\_\_\_\_

Pay Level and

Experience Verified \_\_\_\_\_

SUPERVISOR – HUMAN RESOURCES DEPARTMENT

Date

Route: (Date & Initial)

Position Control:	FACILITY	POSITION NUMBER	SUB GROUP	START	ENDING	REASON
Sent to Finance: _____						
Sent to Insurance: _____						