

OR CONFERENCE EDUCATION DEPARTMENT
Local Staff Transition Form

Use this form to document any changes to the status and payroll of all locally hired employees.

Send complete form to Fawn Fahrer at fawn.fahrer@oc.npuc.org

Name of Employee: _____

School Name: _____

Effective Date of Payroll Change: _____

Employee Information change or addition of responsibilities:

Position: _____

Rate of Pay: _____

Hours Per Week: _____

Total hours scheduled per week for all positions: _____

OR

Termination of Employment:

Position being vacated: _____

Reason for change: _____

Forwarding Address: _____

Phone & E-mail: _____

School Representative Completing Form: _____

School Representative Position: _____ Date _____

FOR OFFICE USE ONLY

Date received _____

Date PAR form process completed: _____