

Contractors Information for ChildPlus Database

Submit form by uploading to the Head Start Data Team SharePoint, HR Folder, Upload, 8021e

TO BE COMPLETED BY Agency: Complete New Contractor's Paperwork or Changes in Contractor's Status

Section 1 – Complete within 5 days of Start Date

Agency: _____
Contact Person: _____ Date Submitted to MARC Head Start: _____

Contractor's Name: _____ Start Date or Rehire Date: _____

Title: _____ Supervisor: _____

Work Email: _____

Employment Type: Choose one: __ Full Time or __ Part Time Choose one: __ Permanent __ Temporary

Position: **Contractor**

Is this a newly created position? Yes or No **(Circle one)** If yes, date created: _____

Works with families? Yes or No **(Circle one)**

Program Assignments: (Check all programs the contractor will work with)

___ Head Start ___ Early Head Start ___ Early Head Start Expansion

Primary Assignment: **(Check one Primary Funding Source)**

___ Head Start ___ Early Head Start ___ Early Head Start Expansion

Primary Service Area:

___ Administration ___ Disability ___ Education ___ Family ___ Mental Health ___ Nutrition

Is this contractor replacing someone? Yes or No **(Circle one)**

Person contractor replaced: _____

Criminal Background Check Clearance Statement
(Clearance dates received from Human Resources Department):

State Fingerprint: _____ FBI Fingerprint: _____
Sex Offender Registry: _____ Child Abuse & Neglect Screening: _____

References Verified
 Provider ran updated fingerprints and FCSR because eligibility letter is older than 6 months

I verify that _____ (Name of contractor) is cleared to work.
Signature of Human Resources or designee _____ Date: _____

TB Test/Screening Date (Read date): _____ (Requirement is to be completed within 30 days of hire.)

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Employee Name: _____ Effective Date: _____

New Title: _____ Supervisor: _____

Is this contractor replacing someone? Yes or No **(Circle one)**

Person contractor replaced: _____

Change in Termination Status:Left while classes/home visits in session: Yes or No **(Circle one)**

Termination Date: _____

Termination Reason: **(Check one)**

<input type="checkbox"/> Death	<input type="checkbox"/> Discharged, Misconduct	<input type="checkbox"/> Discharged, No Misconduct
<input type="checkbox"/> Involuntary Separation	<input type="checkbox"/> Lay-off	<input type="checkbox"/> Other Reason, Use in notes
<input type="checkbox"/> Quit	<input type="checkbox"/> Quit - Change in Job Field	<input type="checkbox"/> *Quit - Higher Compensation
<input type="checkbox"/> Relocation	<input type="checkbox"/> Retirement	

***If termination reason was Quit – Higher Compensation did employee move to state Pre-K or Other Early Childhood Program? Yes or No (Circle One)**

Personnel Notes:
