

**Change in Personnel Information for ChildPlus Database  
CHANGE IN POSITION/EMPLOYMENT STATUS/TERMINATION**

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

**TO BE COMPLETED BY EMPLOYER: Complete all that apply to changes in Employee's Status**

Program Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Date Submitted to MARC Head Start: \_\_\_\_\_

**Change in Position/Employment Status:**

Employee's Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Title Change (if applicable): \_\_\_\_\_ Position Change (if applicable): \_\_\_\_\_  
 Site: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Person staff member replaced? \_\_\_\_\_

**Position (Check only one):**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Administrative Assistant | <input type="checkbox"/> Assistant Director    | <input type="checkbox"/> Assistant Principal   | <input type="checkbox"/> Center Secretary   |
| <input type="checkbox"/> Director                 | <input type="checkbox"/> Education Coordinator | <input type="checkbox"/> Education Manager     | <input type="checkbox"/> Executive Director |
| <input type="checkbox"/> Family Advocate          | <input type="checkbox"/> Floater               | <input type="checkbox"/> Home Based Specialist | <input type="checkbox"/> Human Resources    |
| <input type="checkbox"/> Nutrition Worker – Cook  | <input type="checkbox"/> Other Staff           | <input type="checkbox"/> Principal             | <input type="checkbox"/> School Nurse       |
| <input type="checkbox"/> Substitute Teacher       | <input type="checkbox"/> HS Teacher            | <input type="checkbox"/> HS Teacher Assistant  | <input type="checkbox"/> EHS Teacher        |
| <input type="checkbox"/> Therapist                |  |  |   |

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

Head Start       Early Head Start

**Program Assignments:** (Check all programs the staff member will work with)

Head Start       Early Head Start

**Primary Service Area:**

Administration     Disability     Education     Family     Mental Health     Nutrition

**PIR Position (if applicable): (Check only one)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> HS Teacher            | <input type="checkbox"/> HS Teacher Assistant  | <input type="checkbox"/> EHS Teacher                                  |
| <input type="checkbox"/> Home Visitor          | <input type="checkbox"/> Family Service Worker | <input type="checkbox"/> ECD Manager/Coordinator <b>(Tier 2 Only)</b> |
| <input type="checkbox"/> Home-Based Supervisor | <input type="checkbox"/> FCP Supervisor        |   |

**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 below |
| <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)**

**Will this position be replaced: Yes or No (Circle one) If no, put explanation in personnel notes below**

Personnel Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_