

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 and submit prior to contractors start date

Program Name: _____ Contact Person: _____ Date Submitted to MARC Head Start: _____

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

Title: _____ Supervisor: _____

Site: _____ 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)**

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

Head Start Early Head Start

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

Head Start Early Head Start

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):
FBI Fingerprint: _____ State Fingerprint: _____ Sex Offender Registry: _____ Child Abuse & Neglect Screening: _____ <input type="checkbox"/> References Verified <input type="checkbox"/> 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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Section 2 – Change in Position/Employment Status:

Change in Position:

Contractor Name: _____ Effective Date: _____

Title Change (if applicable): _____ 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)**

Will this position be replaced: Yes or No (Circle one)

If no, put explanation in personnel notes below

Personnel Notes:
